



**Senior Citizens
Balance Yoga Class Application
2026**

Name* _____ Birthdate* ____/____/____

Address _____ Apt.# _____ P.O. Box # _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email _____

Do you have any physical limitations or are you under any course of treatment that we should be aware of?

Please list allergies and/or medication needed? _____

It is the policy of the Bellaire Youth Initiative not to discriminate in its programs and activities on the basis of age, race, creed, religion, color, national origin, sex, marital status, disability or any additional criteria identified by any applicable state or federal statute.

Bellaire Youth Initiative

The mission of the **Bellaire Youth Initiative** is to provide a safe, fun and nurturing environment where youth meet to relax, learn, share and be themselves in a supervised setting with dedicated volunteers and their peers.

1. FUNCTIONS AND ACTIVITIES: It is my understanding that participating in the programs and recreational and other activities of **Bellaire Youth Initiative** is a privilege. It is the policy of the **Bellaire Youth Initiative** not to discriminate in its programs and activities on the basis of age, race, creed, religion, color, national origin, sex, marital status, disability or any additional criteria identified by any applicable state or federal statute. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I understand that this is for the **2026 year**.

2. RELEASE OF LIABILITY: By signing this Waiver Form, I expressly warrant that, if I am a participant, I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of myself participating in the activities, whether such risks are known or unknown to me at the time. I further release **Bellaire Youth Initiative** and its leaders, employees, volunteers, board of directors, and agents from any claim that I may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against **Bellaire Youth Initiative** or its leaders, employees, volunteers, board of directors, or agents. I further agree to indemnify and hold harmless **Bellaire Youth Initiative** and its leaders, employees, volunteers, board of directors or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of myself during activities.

3. FIRST AID AND EMERGENCY MEDICAL TREATMENT: I recognize that there may be occasions where I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of accident, illness or other health condition or injury. I do hereby give permission for agents of **Bellaire Youth Initiative** to seek and secure any needed medical attention or treatment for me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs, arising from this action, to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again I agree to pay for medical treatment*. **Bellaire Youth Initiative** does not disburse medicines or injections. Staff is trained in first aid and CPR.

Hospital of choice for emergency treatment: _____

Primary care physician: _____ Phone: _____

*Please supply a copy of your health insurance policy/card, so that first aid and medical treatment can be more easily rendered.

PUBLICITY: On occasion, **Bellaire Youth Initiative** takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in **Bellaire Youth Initiative** publications or advertising materials, video projection screen, or on the **Bellaire Youth Initiative** websites or Facebook to let others know about our mission. In addition, local news organizations may hear of our activities or events, and our group may invite or allow them to photograph or record events for news reporting on special interest features. I consent to the use of any such audio or visual record of self-named on the reverse side.

I, _____ hereby consent to attending activities of the **Bellaire Youth Initiative**. It can and will include various modes of transportation such as bus, van, personal automobile, etc.

I, the undersigned, hereby agree to not hold **Bellaire Youth Initiative** and any individual in his or her capacity as board member, officer, director, trustee, leader, employee, volunteers, or agents from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from participation of said minor in the activities indicated in paragraph 4 above, including the distribution of photographs or videos as specially outlined in paragraph 4.

Print _____
First Middle Last

Signature _____ Date: _____