

# Disclaimer Form

## SECTION I: PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

(all above are required fields)

## SECTION II: RISK ASSESSMENT

Heart Disease YES NO

Shortness of Breath or Chest Pain YES NO

Inhaler? YES NO

(if "yes", please bring it to every class)

High Blood Pressure YES NO

High Cholesterol Level YES NO

Significant Bone/Joint/Muscle Pain YES NO

Location of Pain: \_\_\_\_\_

Back Pain YES NO

Cigarette Smoking YES NO

Drug abuse YES NO

Abnormal Resting EKG YES NO

Diabetes YES NO

Insulin Dependent YES NO

Any other issues? Please explain:

\_\_\_\_\_  
Are you currently taking any medication(s)? YES NO

Type of medication: \_\_\_\_\_

Are you regular yoga practitioner? YES NO

Type of Yoga: \_\_\_\_\_

Times per week: \_\_\_\_\_

Minutes per session: \_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the YOGA TEACHER TRAINING offered by YOGA SATSANGA ASHRAM, WALES, UK during which I will receive information and instruction about yoga, health and spiritual. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the YOGA TEACHER TRAINING, YOGA CLASSES, and WORKSHOPS. I represent and warrant that I am physically and mentally fit and I have no medical condition that would prevent my full participation in the YOGA TEACHER TRAINING, YOGA CLASSES, or WORKSHOPS.

3. In consideration of being permitted to participate in YOGA TEACHER TRAINING, YOGA CLASSES, or WORKSHOPS, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the YOGA TEACHER TRAINING.

4. In further consideration of being permitted to participate in YOGA TEACHER TRAINING, YOGA CLASSES, or WORKSHOPS, I knowingly, voluntarily and expressly waive any claim I may have against YOGA SATSANGA ASHRAM, WALES, UK for injury or damages that I may sustain as a result of participating in the YOGA TEACHER TRAINING.

5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue YOGA SATSANGA ASHRAM, WALES, UK for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I also understand that **(please initial)**;

All payments are non-refundable or transferrable for any reason, including, but not limited to vacation, illness and injury.

The scheduling and content of activities may be changed on occasion.

All N.S.F. cheques will be charged the amount charged by the bank

I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

I am responsible for bringing my required yoga equipments, course material provided, yoga mat, blanket , etc to every activity (where applicable).

If I am pregnant or plan to become pregnant during course of the YOGA TEACHER TRAINING, I will inform the tutor and seek medical advice from my GP regarding fitness to attend yoga given any other specific health conditions if applicable.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESSED

WITNESSED BY: \_\_\_\_\_