

Student Disclaimer Form

I, Mr/Ms/Mrs _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand I will receive information and instruction; including verbal and physical adjustments about yoga and health. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the yoga teacher training.

I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in the yoga class. I am aware I may be physically adjusted. I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the program. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions.

For Women: I hereby certify that I am not pregnant and not under any pregnancy treatment. In case of pregnancy, I know that an Intensive Yoga Teacher Training Course is strongly discouraged.

I recognise that in the last six months, I did not go under any surgery such as spinal disc herniation, lumbar herniated disc, hiatal hernia (protrusion or herniation of the upper part of the stomach into the thorax), or appendicitis. In case of heavy medical treatment such as chemotherapy or radiotherapy, I recognise that I should inform the Samyak Yoga Team for me to get some moment of rest.

It is my duty to inform the Samyak Yoga Team of any pain that might occur during the practice (such as wrist, lower back, neck, head, or shoulder) in order to be able to adapt my practice with variations.

Therefore I agree that Yoga is not a competition and that my practice has to be done in respect of my physical condition. I also understand that the registration fee and the complete course fee are completely NON-REFUNDABLE.

My signature below constitutes my full acceptance of this waiver. I have read the release and waiver of liability and fully understand its consent.

I voluntarily agree to the terms and conditions stated above.

Date: ____/____/____

Place: Signature of Student