

STUDENT WAIVER AGREEMENT

I, _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

Participation in therapeutic yoga class includes, but is not limited to, meditation techniques, yogic breathing techniques and performing various yoga postures. These postures are meant to stretch and strengthen multiple muscles, loosen the joints and may also work on internal organs. Yoga is an individual experience.

As is the case with any physical activity, there is a risk of injury. I acknowledge and understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort I will ask for assistance, or modification from the teacher and I know coming out of a pose is always an option.

Yoga therapy is NOT a substitute for medical care, examination or treatment. Yoga therapy is NOT a cure for any particular ailment(s). I understand yoga therapy is meant to be a supportive practice to ease my symptoms.

I affirm that I alone am responsible to decide whether to practice yoga or not. I agree to irrevocably release and waive any and all claims from here forward against my teacher.

If I am pregnant or become such, or I am post-natal, I will obtain Dr. clearance if applicable before engaging in yoga therapy. I realize that I am participating my own risk.

By signing below, I acknowledge that I have read and understand all points stated above and that any questions I have/had were answered to my satisfaction.

Signature

date