YOGA STUDENT WAIVER AGREEMENT

I _____ resident of

_____understand that yoga

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

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment.
Yoga is not recommended and is not safe under certain medical conditions.
I affirm that I alone am responsible to decide whether to practice yoga.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter

may have against YogaNebula or Samir Lal or Isha Foundation and its nationally registered yoga teachers.

_____
Signature of Student

Date _____

Print Name _____

Email _____