



Yoga Liability Student Waiver Agreement

I _____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction 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, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga might not be recommended with certain medical conditions (e.g. cardiac illness, later stages of pregnancy, post-surgery). The student assumes the risk of the yoga practice and releases the teacher from any liability claims. I affirm and waive any claims that I have now or hereafter against Mohamed Cassim (yoga teacher).

Signature: _____

Date: _____

Student Information (please print)

Name: _____

Address: _____

Phone #: _____ Email: _____

In case of emergency please contact: _____

Contact's Phone: _____

Do you have any of the following medical conditions that we should be aware of?

Heart Disease _____ High Blood Pressure _____ Pregnancy _____

Spine or Neck Injuries/Conditions _____ Joint Problems _____

Glaucoma _____ Detached Retina or Other Eye Conditions _____ Allergies _____

Any Other Conditions not Listed Above _____