



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

Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques and performing various yoga postures. Yoga postures or asanas are designed to exercise every part of the body- stretching to strengthen muscles and increase flexibility.

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

My signature acknowledges I understand that in yoga class I will progress in my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask support from the teacher. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not suitable 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 Sweta Bahri.

By signing my name below , I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Sweta Bahri from any liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Sweta Bahri and this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my medical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

Signed By: _____ (Yoga Instructor) _____ (Client)

Dated: _____ / _____ / _____ _____ / _____ / _____