

# INDRI YOGA STUDENT WAIVER

By completing and submitting the Indri Yoga waiver form below you assert that you are aware that it is advisable to consult a medical professional prior to participating in any physical exercise program, that you have done so, and that s/he has verified your ability to practise yoga, meditation or other Indri Yoga training. Furthermore, you are agreeing to make the Indri Yoga instructor aware of any medical condition or physical limitation (including pregnancy) before class.

The risk of injury can never be entirely eliminated in any physical activity. You understand that participation is at your own risk, you assume full responsibility for this decision and waive any claims against Indri Yoga or its teachers.

There are modifications or alternatives to most yoga postures. Learning how to get the most benefit with the least risk is the reason why private lessons are a great way to safely begin a practise. If you experience any pain or discomfort in class, or in your practise at home, you should discontinue the activity, rest comfortably, breathe slowly and ask for help.

[CLICK HERE TO VIEW THE INDRI YOGA PRIVACY POLICY](#)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, Town, Village** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Gender** \_\_\_\_\_

**AGE** (circle one)

21-27 28-34 35-41 42-48

49-55 56-62 63-69 70-76 77+

**How active are you?**  Not at all  Somewhat  Very active

**Medical Conditions**  Back Pain  Chest Pain  Diabetes  Heart Disease  
 High Blood Pressure  Low Blood Pressure  Shortness of Breath  
 Other \_\_\_\_\_

**Please list any medications you are taking** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Mobile #** \_\_\_\_\_

**Your Signature** \_\_\_\_\_

