

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. Our privacy policy can be found at indriyoga.com/privacy-policy.

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, its teachers or venue.

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 practice. If you experience any pain or discomfort in class, or in your practice at home, you should discontinue the activity, rest comfortably, breathe slowly and ask for help.

First Name _____ **Last Name** _____

Address _____

City _____

Postal Code _____

Country _____

Mobile # _____

E-mail _____

Gender _____

How active are you? Not at all Somewhat Very

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 (where applicable) _____

Emergency Contact Name _____

Emergency Contact Mobile # _____

Your Signature _____ **Today's Date** _____

AGE (circle one) 21-27 28-34 35-41 42-48 49-55 56-62 63-69 70-76 77+

[CLICK HERE TO COMPLETE THIS FORM ONLINE](#)