

Waiver

Yoga Informed Consent

I desire to engage voluntarily in the Samara & Lahore Nadi Yoga and Meditation sessions in order to attempt to improve my wellness.

I understand that the purpose of the methods is to develop and maintain

overall wellness and health, bring harmony and self-realization. All sessions include different steps like meditation, warm up exercises of the neck and the body, dances, dynamic exercises, very slow movements and relaxation.

I understand that I am expected to listen to the feedback my body is giving me and I am responsible for monitoring my own condition and, should any pain occur throughout the session, I would cease my participation and inform the instructor.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the program. I also affirm that my questions regarding the program have been answered to my satisfaction.

In the event that medical clearance must be obtained prior to my participation in the program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

I also give my permission to allow photos of me taken during class sessions to be used solely for the purpose of Samara School marketing purposes.

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. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably waive, release and discharge from any and all liability for disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes; and I (b) indemnify, hold harmless and agree not to sue Samara school to any and all liabilities or claims made as a result of my participation in the yoga classes, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Samara School; and that 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. If I am pregnant or become pregnant or am post­natal, 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.

FIRST AND LAST NAMES (please print):

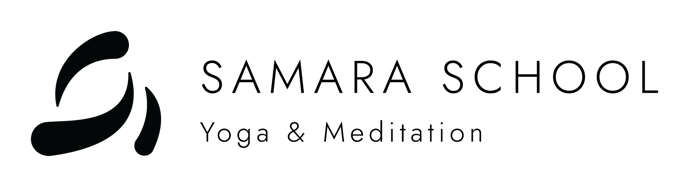
SIGNATURE:

ADDRESS:

PHONE:

EMAIL:

Emergency contact & phone:



Yoga Class Consent Form

Name (First and Last name):

Birth Date \_\_\_/\_\_\_/\_\_\_  
Address:  
City:  
State:  
ZIP:  
Home # ( )  
Cell # ( )   
Work # ( )   
E-Mail   
Occupation / Employer   
How did you hear about us?

 Referral:

 Website:

 Newspaper or Magazine:

 Flyer/Brochure:

 Other:

Do you have any medical conditions, injuries (recent or chronic), or previous surgeries that may affect your physical or mental performance? Are you currently pregnant? Please list medical conditions and associated medications, etc., even if you think that they may not relate to the Yoga & Meditation classes and workshops that we provide. Include additional info on the back of this sheet, as necessary. We recommend that you inform your physician about the practice of yoga and meditation and ask for his(her) consent (see consent form): Please write N/A. If you have no medical conditions.

\_\_\_\_ (Check) I would like to occasionally receive information regarding: Schedules, new Classes, Special Workshops, etc.  
In attending Yoga and Meditation classes, what is important to you?   
There are no refunds or extensions for individual classes and/or class packages, unless accompanied by a letter from your physician stating medical emergency. When purchasing a class package, please note its expiration date.

I have read, understood and provided accurate information and agree to the above items. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature (required to participate):