



Integral Therapy, Inc. Student Waiver Agreement

This waiver is not intended as a substitute for liability insurance coverage

I _____(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Asana (yoga posture) means posture easily help. It at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. As is the case with any physical activity, the risk to 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 and inform my teacher immediately.

I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions, I should consult a physician prior to beginning any activity program, including yoga. I recognized to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I now or hereafter may have against (Integral Therapy, Inc. or any teacher affiliated with Integral Therapy, Inc.). Those under 18 years of age must have this form signed by parent or guardian.

Signature of student, parent or guardian

Date