ADIVIGYAN

YOGA ADDMISSION FORM

(All information provided here is kept confidential)

Name_____

Date of Birth_____Contact_____Gender_____

Address_____

Nationality_____Email_____

Emergency Contact_____Relation_____

Have you practiced yoga before, if yes how long_____

Any Medical History _____

_____

IF ANYTIME DURING YOGA CLASS YOU FEEL DISCOMFORT, GENTLY COME OUT OF THE POSTURE AND TAKE REST. IT IS IMPORTANT IN YOGA THAT YOU LISTEN TO YOUR BODY AND RESPECT ITS LIMITATIONS.

1. I, the undersigned understand that yoga is not a substitute for medical diagnosis or treatment. I must consult a physician if at all needed prior to beginning my yoga training.

2. I accept that neither my yoga teacher nor the hosting facility is liable for my any injuries or damages unfortunately during yoga class.

3. I understand that my yoga class 100% attendance is essesntial (except in some unavoidable circumstances) and I will obey my teacher's instructions sincerely.

4. I also understand that Yoga Fee is NON REFUNDABLE only when I exit before the course on my own wish without prior intimation.

(Student Signature & Date)