

Abyasayoga.net - Yoga Consent Form

I understand that by participating in Yoga class, some physiological changes could occur. The changes could be joint pain, elevated blood pressure, muscle soreness.

I will stop the stop class anytime; I feel I cannot continue.

I hereby waive the right to make a claim against Abyasa yoga or Sushila Srinivasan or the place where she teaches. I hereby release Abyasa Yoga or Sushila Srinivasan or the location of any liability or responsibility for any injury, accident , illness or lack of income that may result due to my participation in any of the yoga session.

I understand the Abyasa Yoga / Sushila Srinivasan will keep the personal information that I have given confidential and not release it to any form of social media without my approval.

Consent for _____ Date _____
Print You Name

Consent for _____ Date _____
Sign your name

Provide me Your name , Email /phone #.

Please let me know of any injuries or illness that I should be aware of.

Do only what you can do, take rest when you have to.

Teach your body how to do a posture , do not make your body do a posture.