



Yoga Consent Form

Online Yoga by Kay

I will make the instructor aware of any medical conditions or physical limitations before class. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that Yoga, and Meditation are not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By agreeing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. In addition, I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against YOGA BY KAY/ K. WETTASINGHE. Information relayed by BE YOGA BY KAY/ K. WETTASINGHE as well as meditation, yoga participation, is not a substitute for medical attention, examination, diagnosis, or treatment.