



INDIA CULTURAL CENTER & TEMPLE
12005 HIGHWAY 64, EADS TN 38028
Tel: (901) 202-6070 E-mail: icct@icctmemphis.org
Web: icctmemphis.org/yoga



Yoga Student Course Application / Admission Form

First & Last Name: _____ Mobile No: _____
E-mail: _____@_____ Age: _____ years
Address: _____ City _____ State _____ ZIP _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____
Mobile No.: _____ Email: _____@_____

PERSONAL HISTORY OF YOGA & HEALTH

Have you ever practiced Yoga before? _____ If yes, what kind and for how long? _____ years
Please List any injuries, medical issues, and/or important medical history: _____

LIABILITY / YOGA STUDENT WAIVER AGREEMENT

I, _____ (Your full name) understand that Yoga includes Physical movements as well as an opportunity for relaxation, stress relief of muscular tension etc. As is the case with any physical activity, the risk of injury even serious or disabling, is always present and which cannot be entirely eliminated. If I ever experience any pain or discomfort during or after my class at any where, I will listen to my body, adjust the posture and ask for the support / advice from the teacher. I will also continue to breathe smoothly and take rest.

I am well aware of the fact that, Yoga is not a substitute for any medical attention, examination, diagnosis or treatment. It is not recommended and is not safe under certain medical conditions / complications. I affirm that I alone am responsible to decide whether to practice Yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have, against **India Cultural Center & Temple (ICCT), Memphis** and/or its Yoga teacher.

I have read all above, I agree with the conditions, and will adhere & abide by the ICCT rules and regulations.

Signature of student, parent or guardian

DATE & TIME