



# SHINE YOGA SCHOOL

REGISTER FROM YOGA ALLIANCE USA

([www.yogaalliance.org](http://www.yogaalliance.org))

**200Hrs / 300Hrs/500Hrs Yoga Teachers Training**

📞 0938.979.578

✉ [yogashinevn@gmail.com](mailto:yogashinevn@gmail.com)

📍 126 CMT8, P.7, Q.3

## VOLUNTARY PARTICIPATION AGREEMENT AND WAIVE OF LIABILITY

Name:.....

DOB:.....

Address:.....

City:.....Area:.....Code.....

Phone:.....Email:.....

Email:.....

Any health concerns you'd like to inform us of?

.....  
.....

Primary reason for attending the programme? (Please write below or use a separate sheet)

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.....  
.....  
.....

I, ..... hereby agree to the following:

1. I understand and acknowledge that participation in this instruction and training (200Hours/ 300h Hours Yoga Teachers Training) is voluntary and I assume all risk associated with it. I further agree to hold harmless Shine Yoga School, HCMC, Vietnam and its agents and employees (collectively the "Instructors") from any cost, damage, Injury, or any other claim resulting from any participation in or instructional training provided at these yoga classes, health programs (Ayurveda Therapies) or workshops.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, programs and workshops provided by Shine Yoga School. I further understand and agree that none of the information provided is medical advice. I understand and agree that my participation and use of this information is at my own risk.
3. I represent and warrant that I am physically fit and I have no condition that would prevent my participation. Yoga classes at Shine Yoga School are not recommended for pregnant women. If you are pregnant and choose to participate, please notify the instructor before each class.
4. I, for myself and my heirs or assigns, agree to hold the Instructors harmless, and I agree to indemnify the Instructors for any cost or expense they may incur as a result of any liability or claim described above.
5. Shine Yoga school has consented to use tapings and photographs of workshops, classes, and other related Shine Yoga School events in publications or presentations.

Print Name:.....

Date:.....

Signature:.....

Emergency Contact:.....Phone:.....

Relationship:....., I consent to the above terms conditions.

Signature:.....