



DISCLAIMER

Adi Nampreet Yoga offers in-person and online yoga classes, workshops, and therapeutic support services such as massage and Reiki. By participating in our offerings, you acknowledge and agree to the following:

General Information

Adi Nampreet Yoga provides yoga, meditation, breathwork, and therapeutic services designed for general well-being. While our therapeutic offerings, including massage and Reiki, aim to promote relaxation, stress relief, and healing, they are not a substitute for medical treatment. Always consult with a qualified healthcare provider before beginning any new exercise, wellness, or therapeutic program, especially if you have any existing medical conditions, injuries, or concerns.

Physical Activity and Personal Responsibility

Yoga, breathwork, massage, and Reiki can involve physical and energetic movement. By participating in our classes and therapeutic services, whether in person or online, you understand that there is a risk of injury or discomfort. You are responsible for listening to your body, communicating openly with the practitioner about any concerns, and stopping any activity that causes pain or discomfort. Adi Nampreet Yoga, its instructors, and therapists are not responsible for any injuries, health complications, or discomfort that may arise during or after participation in our offerings.

Online Classes and Technology

For online classes, it is your responsibility to ensure a safe practice space free of hazards. Adi Nampreet Yoga is not responsible for any technical issues, interruptions, or injuries resulting from the use of online content.



DISCLAIMER CONTINUED

Not a Medical or Therapeutic Service

While we provide therapeutic support such as massage and Reiki, these services do not replace medical, psychological, or therapeutic care. Any guidance provided during classes or sessions is intended to support overall well-being and is not intended as medical advice. If you experience dizziness, pain, or any unusual symptoms, stop immediately and seek professional medical attention.

Personal Choice and Assumption of Risk

By participating in Adi Nampreet Yoga offerings, you voluntarily assume all risks associated with your practice and therapeutic services. You agree that Adi Nampreet Yoga, its instructors, therapists, employees, and affiliates are not liable for any injury, illness, or other outcomes related to your participation.



Yoga and Meditation Health Form

Thank you for choosing to embark on your yoga and meditation journey with us! To ensure a safe and beneficial experience, please complete the following health form. This will help us tailor the practice to your needs and take any necessary precautions.

Personal Information

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Email: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____

Health History

1. Have you practiced yoga before? (Yes/No)
If yes, for how long? _____
 2. Do you have any medical conditions, injuries, or surgeries we should be aware of?
(Please list all)
-
3. Do you have any current physical limitations or concerns? (E.g., back pain, knee issues, respiratory conditions)
-



4. Are you pregnant or planning to become pregnant? (Yes/No)
5. Do you experience any of the following regularly? (Check all that apply)
- High blood pressure
 - Heart disease
 - Asthma or breathing difficulties
 - Seizures
 - Joint pain or arthritis
 - Stress or anxiety
 - Sleep disturbances
 - Other (please specify) _____
6. Are you currently taking any medication? (Yes/No)
If yes, please list the medications:
-
7. Have you ever been advised by a healthcare professional to avoid physical activity?
(Yes/No)
If yes, please explain:
-
-



Yoga and Meditation Goals

1. What are your primary goals for starting yoga and meditation? (Check all that apply)

- Physical fitness
- Flexibility
- Stress relief
- Mental clarity
- Spiritual growth
- Healing
- Relaxation
- Other (please specify) _____

2. How would you rate your current level of physical fitness?
(Beginner / Intermediate / Advanced)

Consent and Agreement

I acknowledge that I have provided accurate and complete information to the best of my knowledge. I understand that yoga and meditation involve physical activity and mental focus.

I accept full responsibility for my health and wellbeing while participating in these practices. If I have any concerns about my health during class, I will inform the instructor immediately.

Signature: _____

Date: _____
