



## STUDENT WAIVER AND TERMS AGREEMENT

I \_\_\_\_\_(print name) 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. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. 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 that I may have against Katherine Porter of Kate Porter Yoga (KPY).

All fees paid are non-refundable and packages are only valid for the period stated on the card. KPY reserves the right to change facilities and class schedules from time to time and to charge for late cancellations.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Where did you hear about KPY?

*KPY respects your privacy and will not share your particulars with any third party.*

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