

RELEASE FOR PARTICIPATION IN CLASS

I understand that Michael Cheikin is conducting this workshop at Kripalu Center as a Yoga instructor and not as a physician. My relationship with Michael Cheikin will be as a Yoga student and not as his patient. The workshop is for information and education only.

I understand that I am expected to continue my usual medical care. I understand that this workshop will not replace, substitute for, review or recommend routine medical care. I will not modify any aspect of my medical care based on any of the information provided in this workshop without first consulting my doctor.

I have been advised to discuss the risks and benefits of such participation with my doctor(s), especially if I have conditions such as (but not limited to): glaucoma, retinal detachment, pregnancy, aneurysm, angina, rheumatoid arthritis, disc herniation and osteoporosis.

I understand that I am not required to do yoga postures in order to participate in the workshop, and that I will only do what I can in accordance with my doctor(s)' advice.

I certify that I have read the above, understand it, and intend to be legally bound by this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission Statement

I understand that Michael Cheikin and his staff may make recording (photographs, video, audio) of this class. I will have the option of not being included in such recordings. If I choose not to be included in such recordings, this will in no way impact on my ability to participate in the workshop.

If I am included, I grant permission to Michael Cheikin and his staff to utilize these recordings for publication, which may depict me, at their discretion, without compensation paid to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_