



# STUDENT PROFILE & LIABILITY RELEASE

Date: \_\_\_\_\_

PLEASE PRINT YOUR RESPONSES

## PROFILE

First name: \_\_\_\_\_ Family name: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Sun sign: \_\_\_\_\_  Male  Female  
Email: \_\_\_\_\_  
Mobile number (local) \_\_\_\_\_

## EMERGENCY CONTACT INFO

Please provide the contact details of someone you authorize to make decisions on your behalf in an emergency. This information will be kept private and ONLY used in case of a crisis affecting your health and well-being.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile number (include country and city codes): \_\_\_\_\_  
Email: \_\_\_\_\_

## COURSE STUDY HISTORY / TRANSFER

New student  
 Continuing student / Most recent course level completed \_\_\_\_\_  
If you have taken courses outside of Koh Phangan, please specify  
Center \_\_\_\_\_ Teacher(s) \_\_\_\_\_  
Dates \_\_\_\_\_ Sash Degree \_\_\_\_\_

## HOW DID YOU HEAR ABOUT AGAMA?

Friend  Internet search / Website  Thailand guide book  
 Lonely Planet  Poster / Brochure  Other \_\_\_\_\_

## Liability Release and Express Assumption of Risk

Please read carefully, sign and date below.

1. I understand that the practice of Kundalini Yoga may involve some unfamiliar energy movement through my body, as well as purification reactions and such physical phenomena as muscular fever, uneasiness, nausea, or tremors. The manifestation and strength of these cleansing reactions will depend upon my initial condition when beginning Yoga; these may be sudden or unpleasant, but they are not dangerous. I understand that if I do not practice as I have been instructed I may pose a definite risk of injury to myself.

2. I understand that there are risks associated with all physical activity and that, when practicing Yoga, one may suffer minor or serious injury.

3. As a condition of being accepted for course enrollment, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

4. I further save and hold harmless said course and Released Parties (including all employees, volunteers, instructors, and agents of Agama Yoga or its host resorts) from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this course, including both claims arising during the course or after I receive any certifications.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date (DD/MM/YY)

## MEDICAL STATEMENT & QUESTIONNAIRE

Notice: This information is kept strictly confidential and will not be shared with anyone. It is meant to inform our staff of any limitations or special conditions which may require an altered course program to accommodate your needs.

**All information is kept in strict confidence among staff only and for teaching purposes.**

Please check for yes if the following medical conditions apply and give a brief substantiation of your positive response:

- Could you be pregnant or are you attempting to become pregnant? \_\_\_\_\_  
 Asthma or difficulty breathing? \_\_\_\_\_  
 Any form of lung disease? \_\_\_\_\_  
 High cholesterol level? \_\_\_\_\_  
 Family history of heart attack or stroke? \_\_\_\_\_  
 High blood pressure? \_\_\_\_\_  
 Have you undergone major surgery, especially on the spine, skull, or abdomen? \_\_\_\_\_  
 Bleeding or other blood disorders? \_\_\_\_\_  
 A hernia? \_\_\_\_\_  
 Back, arm, or leg problems following surgery, injury, or fracture? \_\_\_\_\_  
 A head injury with loss of consciousness in the past five years? \_\_\_\_\_  
 Recurrent back problems? \_\_\_\_\_  
 A back or spinal injury? \_\_\_\_\_  
 Diabetes mellitus? \_\_\_\_\_  
 Frequent or severe attacks of hayfever or allergies? \_\_\_\_\_  
 Blackouts or fainting? \_\_\_\_\_  
 Behavioral health, mental, or psychological problems or borderline conditions? (suicidal or very depressive states, schizophrenia, paranoia, and manic-depressive or other personality disorders, etc.) \_\_\_\_\_  
 Major sexually transmitted diseases in the past or present (e.g. HIV positive, syphilis)? \_\_\_\_\_  
 Recurrent complicated migraine headaches? \_\_\_\_\_  
 Recreational drug use or treatment for addiction? \_\_\_\_\_  
 Are you presently taking prescription medications? \_\_\_\_\_  
 Epilepsy, seizures, or convulsions? \_\_\_\_\_  
 Any recent injury, even if you feel 100% recovered? \_\_\_\_\_

If you do not now have these conditions, and never did, please initial here: \_\_\_\_\_

Certain positive responses require that we request a physician's consultation and approval for you prior to your participation in our courses, workshops, or retreats.. An Agama Yoga teacher will speak to you about any checked responses.

I attest that the responses above accurately represent my health status. I understand that nondisclosure may have harmful consequences.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date (DD/MM/YY)