



Waiver & Release Form

Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name & Phone: _____

I understand that KAP may involve physical movements as well as an opportunity for stress reduction and improved mental well being. As is the case with any physical activity, the risk of injury, even serious, disabling or fatal, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

KAP is not a substitute for medical or psychological attention, examination, diagnosis or treatment. KAP is not recommended and is not safe for those prone to mania, delusion or psychosis. By signing, I affirm that a licensed physician has verified my good health, physical and mental condition to participate in such a program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice KAP and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against KAP (Kundalini Activation Process) and it's instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of California.

Signature:

Date:

Signature of Guardian (if under 18):

Date:
