

Exhibit A

**Medical Consent and Waiver**

Bikram's Yoga College of India Teacher Training Course is an intensely demanding endeavor, requiring the highest degree of physical fitness. Before enrolling in, and pursuing, the Bikram Yoga Teacher Training You must undergo a complete physical examination from Your physician, who must then certify that You are in good health, and possess sufficient physical fitness, necessary to successfully complete the Bikram Yoga Teacher Training Course.

1. The two (2) month Teacher Training Course includes the following requirements:
  - A. Three (3) to four (4) hours per day, six (6) days per week, of physical training in the twenty-six (26) hatha yoga postures in the Bikram Yoga System, in a room heated to a minimum temperature of one hundred five (105) degrees Fahrenheit, with up to three hundred (300) other persons in the room (thereby raising the temperature and the humidity), resulting in the students' target heart rates being exceeded for extended periods of time;
  - B. Six (6) hours per day, six (6) days per week, of classroom lectures and instruction with students seated on the floor; and
  - C. One (1) to two (2) hours per day, six (6) days per week, of "homework" apart from classroom lectures and instruction.
  
2. Bikram Yoga Teacher Training Course students must:
  - A. Not have any serious cardiovascular, pulmonary, neurological, psychological, muscular, or skeletal dysfunction or disease such that any such dysfunction or disease would impair the student's ability to endure the rigors of the Bikram Yoga Teacher Training Course;
  - B. Not be pregnant;
  - C. Not be taking any medications that would impair their ability to endure the rigors of the Bikram Yoga Teacher Training Course;
  - D. If taking any medications that would not impair their ability to participate, not stop taking such medication(s) during the Teacher Training Course; and
  - E. Be sufficiently fit to endure the rigors of the Bikram Yoga Teacher Training Course as described above.

**THIS CERTIFIES THAT YOU AND YOUR PHYSICIAN HAVE READ THE FOREGOING, UNDERSTAND THE RIGORS OF THE TEACHER TRAINING COURSE, AND TO THE BEST OF YOUR KNOWLEDGE CERTIFY YOU ARE PHYSICALLY FIT TO PERFORM, AND ENGAGE IN, ALL ASPECTS OF THE BIKRAM YOGA TEACHER TRAINING COURSE.**

Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

Signature: X \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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