



Tahya™ Technique BELLY DANCE
DRUM and/or 'HEALING DANCE'
~ Participant Consent Form ~

NAME: _____ DATE: _____
(Please print)

I am hereby advised that in order to reduce risk of injury, it is advisable to first consult with my doctor prior to beginning this or any exercise program.

The instruction and advice presented in Tahya's in-person and online classes and complementary recorded instruction available on-line are in no way intended as a substitute for medical counsel.

I understand that this instruction may not be suitable for everyone and that the practice of the exercises and dance movements in this program are at my own risk.

I understand, though they may be deemed minimal, there are certain risks involved in this or any exercise program.

I declare that I am physically sound and have medical approval to participate in this program.

I have read carefully, understand, and agree to the above.

Signature: _____

Date: _____