

Nyung Nä Participant Consent Form

Full Name (Please Print)

Address Street

Suburb

State Postcode

Phone #

Date of Birth

Have you ever participated in a Nyung Nä Before? Y/N

Were there ever any health issues in the past during or after the Nyung Nä? Y/N
Please explain if yes.

Do you have any of the following medical conditions (which could be worsened by fasting and dehydration)?

Cardiovascular disease in general, eg cardiac failure, moderate to severe hypertension, ischemic heart disease (angina) Y/N

· Diabetes Y/N

· Epilepsy Y/N

· Renal Impairment (kidney disease) Y/N

1.

I am or will be participating in the Nyung Nä offered by Tara Institute during which I will participate in eating only one meal on Saturday and no fluids or food from Saturday midnight until 6am on Monday morning. I understand that the Nyung Nä involves many prostrations over Saturday, Sunday and Monday morning. I recognize that such fasting and abstinence from fluids, physical activity and exertion may be difficult and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.

2.

I understand that it is my responsibility to consult with a physician prior to and regarding my participating in the Nyung Nä, and to receive prior approval to participate. I represent and warrant that I am physically fit and I have no medical condition or injury which would prevent my full participation in the Nyung Nä.

3.

In consideration of being permitted to participate in the Nyung Nä, I agree to assume all full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participating in same.

4.

In further consideration of being permitted to participate in the Nyung Nä, I knowingly, voluntarily and expressly waive any claim I may have or acquire against Tara Institute or the FPMT for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Nyung Nä sessions.

5.

I accept that Tara Institute will call an ambulance should it be deemed I need medical attention and I accept that I shall be liable for any expenses incurred.

6.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Tara Institute or FPMT, for any injury, condition, or death which arises, is caused by or is aggravated by reason of my participation in the Nyung Nä.

7.

I understand that it is my continuing responsibility to inform the Centre Manager and Leader of the Nyung Nä of any previous medical conditions, injuries or surgeries prior to my first session and at such other times as I acquire information as to same.

8.

I also understand that, except for a monetary refund, I have no claims against Tara Institute or FPMT (except for monetary refund) by reason of their refusal to allow me to participate in the Nyung Nä.

I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

From Tara Institute, Feb 2010