



# Risk Certificate

National Yoga Championship | MAHARISHI MAHESH  
YOGI RAMAYAN University , AYODHYA , UP , INDIA

## Personal Information

Full Name :

Father Name :

Birth of Date :

Full Address :

STATE :

City/Country :

Gander :

Email :

Phone Number

I, .....S/o or D/O .....hereby acknowledge that I am willingly participating in the National Yoga Championship, organized by the Yog Sports Foundation from 11 to 12TH APRIL 2026 at AYODHYA. I understand and accept that this participation involves various physical activities, including the performance of yoga asanas, which may carry certain inherent risks.

I affirm that I am solely responsible for my health, safety, and well-being during the entirety of the championship, both on and off stage. I am fully aware of the potential risks involved and willingly accept all associated responsibilities.

Furthermore, I declare that neither my family nor I hold the Yog Sports Foundation or any of its affiliates, organizers, sponsors, volunteers, or staff liable for any injury, health issues, or unfortunate incidents that may occur during my participation in this event. This waiver applies to all claims, whether arising from negligence or any other cause.

By signing below, I confirm that I have read, understood, and agreed to this waiver and release of liability.

Name Of The Doctor

Place

Sign & Stamp

## Term & Condition

- 1. Medical Fitness Requirement:** All participants must present a Medical Fitness Certificate, issued by a licensed medical doctor (minimum qualification: MBBS), verifying they are free from any critical health conditions that may impact their ability to perform safely during the event.
- 2. Risk Acknowledgment and Liability Waiver:** By signing the Risk Certificate, participants confirm their understanding of and acceptance of all risks associated with participation, including the possibility of injury. Participants assume full responsibility for their health and safety.
- 3. Personal Liability:** The participant and their family members acknowledge that the Yog Sports Foundation, its organizers, and affiliates will not be held responsible for any injuries, health complications, or other incidents occurring during the event, whether on-stage or off-stage.
- 4. Insurance:** Participants are encouraged to have personal health and accident insurance. The Yog Sports Foundation does not provide insurance coverage for participants and is not liable for any medical expenses incurred during or after the event.
- 5. Compliance with Event Rules:** Participants must comply with all rules and instructions set forth by the Yog Sports Foundation and event organizers. Failure to adhere to rules may result in disqualification.
- 6. Disclosure of Medical Conditions:** Participants must disclose any existing medical conditions or past injuries that may affect their performance or safety. Failure to do so may result in disqualification or removal from the event.
- 7. Emergency Protocols:** In the event of an emergency, participants agree to follow emergency procedures as instructed by the event staff. This may include seeking medical attention if deemed necessary by the on-site medical team.
- 8. Parental or Guardian Consent (for minors):** Participants under 18 years of age must provide a signed consent form from a parent or legal guardian, accepting full responsibility for the minor's participation and risks.
- 9. Behavior and Conduct:** Participants are expected to conduct themselves in a respectful and sportsmanlike manner. Any behavior deemed inappropriate or disruptive may result in immediate disqualification.
- 10. Acceptance of Event Changes:** The Yog Sports Foundation reserves the right to modify event schedules, venue locations, or any other arrangements as necessary. Participants agree to accept these changes without claims against the organizers.
- 11. Acknowledgment and Acceptance:** By signing the risk certificate and medical fitness certificate, participants confirm that they have read, understood, and agreed to these terms and conditions in full.