

## Responsibility Agreement

I am responsible for my experience in all programs and trainings with Kunga Yoga Director, Leaders, Assistants and Ambassadors (Staff), the Host Studio \_\_\_\_\_, and Kunga Teacher Training programs. I understand that this training is a rigorous program. It is demanding on every level. I realize that the study and practice of yoga and movement are designed to integrate unresolved physical and psychological issues.

I understand the practice of yoga and movement often produces non-ordinary states of awareness. The Staff cannot know every student's personal needs. In addition, I understand the curriculum has been designed to create the optimal movement; music, dance, and yoga education for the majority of students and each specific experience may have content that does not work for me.

During this program, I am responsible for monitoring what is safe to me; I can stop my participation in any experience at any time. Although my attendance is required in each session for me to receive CEU's towards certification, my participation is never required if I feel unsafe in any way. It is my responsibility to speak up or take myself out of an experience if I feel unsafe. I do not expect the director to take care of my needs. I do not, and will not, hold the Staff responsible for my physical and psychological well-being. The Staff will not pay for, or reimburse me for, physical or psychological care during or after this program.

I understand that during this demanding educational program, I may be challenged physically and psychologically. I may be encouraged to take personal risks. I acknowledge that only I can know what my boundaries are for myself. I understand that practicing music, dance, movement, and yoga is often about exploring new boundaries and limitations. **The staff is not responsible for any physical or psychological risk that I choose to take in my education, exploration, and inquiry.**

I understand that the study of music, dance, movement, and yoga may involve exploring and discussing different belief systems that might be different from my own. I realize that the staff is not requiring me to change my beliefs in any way. I understand that any beliefs presented are not necessarily the view of the staff. I alone choose what I want to believe.

**I recognize that the staff offers the following suggestions to support my physical and psychological well being:**

**Sharing Time** is provided in certain sessions to share relevant thoughts, questions, and insights. Please realize there may be time limitations set by the session leader out of respect for the overall process.

**Co-listening and conscious communication.** You will be trained in processes that provide for closer bonding, non-judgmental listening, developing rapport with other students, and self-sufficiency in creating support for one's process of integration. Some opportunities for practicing these techniques are built into the curriculum. Students are encouraged to work with these methods in interactions with fellow students and staff.

**Director and assistants** are sometimes available outside of class for one on one meeting's. These meetings must be arranged ahead of time. Please note that due to the intensity of the program schedule, directors and staff cannot always be available to talk outside of sessions.

**Yoga Practice.** The regular practice of yoga asana and the philosophical principles of yoga found in the Yamas and Niyamas are designed to stimulate profound growth on every level, as well as providing an excellent foundation for movement and authentic living.

**Maintaining contact with loved ones and health-care providers during this program.**

This can be very helpful in maintaining a sense of stability and equanimity. It is absolutely essential that I **do not change or discontinue any prescribed medication** without my physician's consent.

I have read this document in its entirety, understand it, and agree to honor it. I also understand that by signing it, I am entering into a legal contract that incorporates all aspects of this agreement.

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Print Name

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Date

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Signature