

MEDICAL FITNESS CERTIFICATE

This medical certificate serves as proof of the participant's physical and/or mental fitness to perform specific tasks or participate in designated activities.

Latest Passport
size colored
photo of the
Participant

This is to certify that I have examined

Name of the participant

Age Male/Female Resident of

District State

Country and I am satisfied that he/she is physically and mentally
fit / not fit to participate in the
..... competition.

The Universal Yoga Sports Federation (UYSF) and Universal Yoga Alliance (UYA) will not be responsible for any accident or physical injury caused to the candidate. The Federation/Alliance shall not bear any medical expenses due to any injury or other unforeseen circumstances. Only emergency transportation to the nearest local hospital will be provided if necessary.

☐ I have read and agree to all the terms and conditions.

Signature & Seal of Registered Medical Practitioner

Regd. No.

Name

Contact No.

THANK YOU FOR REGISTRATION

We appreciate your active participation
to our yoga championship.

E : office@uysfinternational.com

DATE OF REGISTRATION

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