



Waiver of Liability & Disclosure Form

1. I understand there is an inherent risk associated with any exercise including yoga. I understand that my voluntary participation in yoga may result in injury as yoga exercises may challenge my cardio-respiratory and musculoskeletal systems associated with the strength, flexibility and breathing components of the class or workshop. I understand and am aware that the components of yoga are potentially strenuous activities and may cause injury. (____)
2. I acknowledge that I have either had a physical examination and/or have been given permission from my treating physician to participate in a yoga-based class or workshop or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any yoga exercise or activity in a class or workshop associated with Waves of Calm Counseling & Wellness, PLLC. (____)
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, disease, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of participating in any yoga class or workshop. (____)
4. I, my heirs, or legal representatives, do hereby waive and release Waves of Calm Counseling & Wellness, PLLC, its teachers, representatives or affiliates from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now, or in the future, resulting from my participation in any yoga class or workshop. (____)
5. I further understand that modifications will be shown for different yoga poses that may be considered strenuous and it is at my own discretion and best judgment to determine whether a modification is suitable for me, given my health, any related physical or emotional conditions I may have and normal level of physical activity. I understand that I may modify or abstain from any yoga poses at any time during the class or workshop. (____)
6. I understand that I am responsible for bringing any necessary items related to any physical or emotional condition that I have with me (i.e.: inhaler, medication, etc.) to the yoga class or workshop and release Waves of Calm Counseling & Wellness, PLLC from any liability or financial responsibility associated with medical care that may result from such condition. (____)
7. I understand that Waves of Calm Counseling & Wellness, PLLC will provide an area for personal belonging to be held during its classes or workshops. However, I agree that Waves of Calm Counseling & Wellness, PLLC is in no way responsible for the loss or damage of my belongings while I attend class. (____)
8. I hereby give my consent for Waves of Calm Counseling & Wellness, PLLC to use my photograph, testimonials and likeness in all forms of media for advertising and any other lawful purposes. (____)

I acknowledge that I have read this waiver of liability and disclosure form and fully understand its terms and conditions. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Printed Name _____

Signature _____

Date _____