

Healing Arts Metaphysical Center

The following Release and Liability Waiver is effective for all visits.

By completing and signing this form, I _____
Print Name

hereby agree to the following:

That I am participating in a Yoga Class offered by Rimi Duque at Healing Arts Metaphysical Center during which I will receive information/instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical strain. I am fully aware of the risks and/or hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these yoga sessions.

I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment.

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day.

In consideration of being permitted to participate in this class, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in this class.

In further consideration of being permitted to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, or the hosting facility, for injury or damages that I may sustain as a result of taking this class.

I have read the above release and waiver of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date