

GR Center for Healing

*Yoga*



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

I \_\_\_\_\_ (print name) understand that yoga therapy includes diverse activities such as, but not limited to, physical activity, breath work, meditation and possible touch with permission. As is the case of any physical activity, the risk of serious or disabling injury or death is present despite the best efforts of all involved. I further understand that yoga therapy is not a substitute for medical attention, examination, diagnosis or treatment.

I agree if I experience and pain whether physically or mentally I will listen to myself and discuss such with me therapist. I affirm alone that I am responsible to decide whether or not to take the suggestions offered by the yoga therapist.

I hereby agree to irrevocably waive, release and discharge any claims and/or Liabilities for personal injury or damages of any kind that I have now or hereafter may have against Grand Rapids Center for Healing Yoga and/or any representative thereof as a result of my choice to participate in yoga therapy.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_