



## Yoga Therapy Waiver

**Client Name:** \_\_\_\_\_

I \_\_\_\_\_ (print client name) understand that yoga therapy includes diverse activities such as, but not limited to, physical activity, breath work, meditation and potential hands-on assists. 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 understand that before beginning yoga therapy, it is recommended that I consult with my physician to ensure that I am physically and psychologically ready to participate and assume all risks connected with yoga therapy.

I agree that if I experience any pain or discomfort -- whether physically or emotionally -- I will listen to myself and discuss such with my therapists. I will never do anything that causes pain. With a full understanding of the potential risks, I hereby assume the risks of yoga therapy. I affirm that I alone 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 Healers Within Yoga Therapy and/or any representative thereof as a result of my choice to participate in yoga therapy.

**Client Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_