



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Phone: _____
Name/Phone of Emergency Contact: _____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, Shoulder, sciatica, seizures, dizziness, ligament issues, or knee problems) if so, please explain: _____.

It is your responsibility to inform the instructor of your limitations before your session begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at Enlightened Interventions, LLC. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the bodywork classes, programs, or workshops. I understand the risks associated with the activities offered by Enlightened Interventions, LLC and I agree to follow all instructions sothat I may safely participate in classes, workshops, or other activities. I hereby **WAIVE AND RELEASE** Enlightened Interventions, LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at Enlightened Interventions, LLC, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the many benefits of practicing bodywork with Enlightened Interventions, LLC

Print name: _____
Signature: _____ Date Signed: _____ / _____ / _____

If participant is under 18:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print name: _____
Signature: _____ Date Signed: _____ / _____ / _____