



Agreement of release and waiver of liability for:

First Name:

Last Name:

E-mail:

Telephone:

Agree to the following:

I attest that I am over 18(or, requires consent)and have no psychological, medical or emotional conditions that prevent me, or others, from a safe participation in a Yoga or Meditation Therapy session.

I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

I have read this agreement and fully understand its content, implications and meaning, and sign it of my own free will.

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Signature

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Date