

Bliss Yoga Studio– Client Waiver

Confidential

Please initial each statement, then sign and date below.

____ I understand that Yoga is a gentle exercise system, requiring movements and minor flexibility. Participants do so at their own risk. Bliss Yoga accepts no liability resulting from this exercise programme.

____ I understand that the Bliss Yoga Consultant does not diagnose illness, disease or any other mental or physical disorder. The Consultant does not prescribe medical treatment of pharmaceuticals, nor does she perform any spinal manipulations. It has been made very clear that the Yoga exercises that are undertaken are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

____ I understand that services offered today and in the future are not substitute for medical care and that any information provided by the Bliss Yoga Consultant is for educational purposes only and is not diagnostically prescriptive in nature.

____ I have stated all of my known medical conditions on the Client Information Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

____ I realize that it is solely my responsibility to keep Bliss Yoga Consultant updated on any changes of my physical health and I understand that Bliss Yoga and the practitioner shall not be liable should I fail to do so.

____ I understand that all Yoga services provided are strictly non-sexual.

____ By signing this release I hereby waive and release Bliss Yoga and Consultants from any and all liability present, past and in the future relating to Yoga exercises.

____ Any session purchased is not transferable.

Client Name (Print): _____

Client Signature: _____

Date: _____

Consultant Signature: _____