

## Yoga Waiver

I am happy you've made the decision to integrate yoga into our work together. The healing benefits of yoga are profound. Though the yoga we will be doing together will be extremely gentle, when doing anything physical in nature, there is always the possibility that our bodies could sustain an injury, muscle soreness/stiffness/strain, or physical pain. In signing this waiver, you agree to not hold liable myself, Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy for any physical injury, muscle soreness/stiffness/strain, or physical pain that could occur as a result of integrating yoga and gentle movement into our work together. It will always be your choice to incorporate yoga into our work and you can decide not to do so at any time. Please initial next to each statement and sign all sheets of this waiver. Thank you!

\_\_\_\_ I have consulted a medical doctor or licensed medical health care practitioner regarding any physical or medical-related health conditions. I have reported all physical and medical conditions to Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy.

\_\_\_\_ I realize it is solely my responsibility to keep Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy updated on any changes in my physical health and I understand that Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy shall not be liable should I fail to do so.

\_\_\_\_ I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made by Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy to minimize these risks. If at any time I have questions concerning my physical and emotional health and/or the yoga practices provided by Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy I will address these concerns with the aforementioned parties directly.

\_\_\_\_ This agreement applies to personal injury (including death) from accidents or illness arising from the participation in physical activities including, but not limited to, yoga therapy, yoga classes, private yoga sessions, workshops, group yoga, and individual use of facilities, premises or equipment

\_\_\_\_\_ In addition, I release, discharge and waive any and all responsibility of Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy from ordinary negligence. I hold harmless, Jessica Lister, LCSW, RYT and Drishti Integrative Psychotherapy.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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