

BE YOGA | CHELEY FRAZIER LIABILITY RELEASE

YOGA, MEDITATION & SOUND HEALING

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that Yoga, Meditation, and/or Sound Healing are not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against BE YOGA | CHELEY FRAZIER. Information relayed by BE YOGA | CHELEY FRAZIER as well as meditation, yoga and sound therapy participation, is not a substitute for medical attention, examination, diagnosis, or treatment.

SOUND HEALING

CHELEY FRAZIER is not a licensed medical care provider and is not rendering personal medical advice or treatment, and have no expertise in advising on, diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of sound therapy on any medical condition. You acknowledge and agree that when participating in any class or workshop, and/or when using any products or services, there may be the possibility of detoxification symptoms or physical injury, and you assume the risk and responsibility for any such results.

BE YOGA | CHELEY FRAZIER is not in any way responsible for any loss or damage of your personal property.

I am voluntarily participating in the services of BE YOGA | CHELEY FRAZIER including but not limited to: practicing yoga, meditation, sound healing.

PRINT NAME

DATE

SIGN NAME

DATE

I am the parent or legal guardian of _____, a minor, and on the minor's behalf, and on my own behalf, and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child, or this minor to participate in the Yoga Classes, Health Programs, and Workshops offered by BE YOGA | CHELEY FRAZIER

I represent that I have authority to give this release.

SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

DATE

WITNESS

DATE