



Liability Waiver & Release Form

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress release 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. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages which may incur through participation.

I hold full responsibility and liability for what happens during any sessions of yoga.

Yoga is 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 this type of physical activity. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I alone am responsible to decide whether to practice yoga. My participation is at my own risk.

I have read and fully understand and agree to the above terms of this Liability Waiver & Release Form. I am signing this form voluntarily and recognize that my signature serves as complete and unconditional release of all liability of Savannah Seninger and/or Reach Counseling LLC.

Printed Name: _____

Signature: _____

Date: _____