

YHWH YOGA & NUTRITION DISCLOSURE AND WAIVER OF LIABILITY AGREEMENT

I, the undersigned ("Client"), acknowledge that I have read and understand the contents of this liability agreement.

"Client" Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Nutrition:

1. YHWH Yoga & Nutrition LLC, its instructors and affiliates include nutrition consultants and yoga instructors and does not function as a physician, diagnose or treat disease, nor do services replace the necessary services of a licensed physician.
2. YHWH Yoga & Nutrition LLC, its instructors and affiliates makes no representations, claims, or guarantees regarding the efficacy of recommendations. The recommendations are based upon a combination of nutrition and health coaching education and knowledge of natural health literature. A nutrition consultation as provided by YHWH Yoga & Nutrition LLC, its instructors and affiliates does not constitute a medical service or health care treatment.
3. I understand that the nature of the recommended treatments for my care will be explained to me and that I will have the opportunity to ask questions of those involved in my care. I am not being forced to accept treatment.
4. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion and risk of Client. Therefore, it is strongly recommended that in addition to any health consultation that you maintain a relationship with one or more physicians qualified to care for health condition(s). For example, in the case of children you are advised to seek the advice of a pediatrician; if you have cardiovascular disease, consult with a cardiologist; and if you have cancer, consult with an oncologist, etc.
5. Client's signature verifies that Client has not been told to discontinue treatments with any other medical specialists or other health care providers. Client's signature is being given prior to rendering any service, advice, and/or recommendations whatsoever.
6. Financial Policy: Patients are fully responsible for all professional services received. Client is not contracted with insurance companies and does not bill for services. I, the undersigned, understand that I am responsible for all charges.

Yoga:

1. 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. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.
2. 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 such a fitness program. 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 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 YHWH Yoga & Nutrition LLC, its instructors and affiliates.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New Mexico.

By signing below, you agree to comply with the above polices and acknowledge that you understand all terms, verbiage (language) and concepts herein.

Furthermore, Client agrees not to hold YHWH Yoga & Nutrition LLC, its instructors and affiliates liable for any costs or damages related to the services provided other than for willful misconduct or gross negligence.

I understand this consent agreement and have executed it freely and willingly.

Client Signature: _____

Printed Name: _____

Date: _____