

R.I.S.E. YOGA Workshop Waiver Form

I _____ (print name) understand that yoga includes physical movements, as well as an opportunity for relaxation, stress reduction, 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly and not force any posture, movement or breath work that makes me uncomfortable.

I _____ (print name) understand that **We RISE™ Yoga** is not intended to be therapy or treatment for any mental health concern. This training is not designed to make me a counselor or yoga therapist. The techniques and information provided in this workshop are intended to help me enhance my teaching, to learn new techniques and to gain a deeper understanding of how I can use my knowledge of yoga and fitness as a way of contributing to my own well being of and that of my students, clients or patients.

Yoga and Yoga Therapy are not substitutes for medical attention, examination, diagnosis, medical treatment or mental health treatment. Yoga is not recommended or safe under certain medical conditions.

I _____ (print name) affirm that I alone am responsible to decide whether to practice yoga, meditation or breath work. I hereby agree to irrevocably release and waive any claims that I, my family members, heirs, or legal representatives, may have now or hereafter against **We RISE™ Yoga**, and/or any of its affiliates, Whitney Owens, PsyD, Instructor, Dr. Terry A Bahr, CPC, Instructor, Alexis Wisniewski, Instructor, and/or Stefanie Jillian, Instructor. I release, waive, discharge, and covenant not to sue **We RISE™ Yoga** and/or any of its affiliates, and/or any and all of the Instructors for any injury or undesirable consequence of yoga practice, whether due to accident, negligence, or other cause.

I _____ (print name) understand and agree that photographs and/or video may be taken throughout the workshop and that these photographs and/or video may be used for future promotional materials by **We RISE™ Yoga**, and/or any of its affiliates, and/or any of the Instructors, and/or Amber Tsang, Co-Founder, Marketing Director.

I have read the above release & waiver of liability and fully understand its contents. I voluntarily agree to the terms & conditions stated above.

Date: _____

Signature: _____

Address: _____

Preferred Phone: _____

Email: _____

Profession/Title: _____

(i.e. Nurse, Therapist, CPC, Social Worker, Teacher, etc.)

License No.: _____

In case of emergency, please contact (include name, relationship, and phone #):

DO YOU WISH TO WORK AS A We RISE™ Yoga INSTRUCTOR?

YES _____ **NO** _____

DO YOU CURRENTLY HAVE YOGA INSTRUCTOR INSURANCE?

YES _____ **NO** _____

If yes, how much are you covered for in liability? _____

For any additional questions, please go to www.weriseyoga.com or contact Alexis Wisniewski at alexis@weriseyoga.com

