



Client Waiver of Liability

I wish to participate in **Yoga to Awaken, Release, and Explore** (the “Activity”) led by **Yoga (RYT-200) Instructor Kristin Grammer** (the “Instructor”) of **One Life Mind & Body** (the “Company”) and offered at **University of Redlands Meditation Room, 1200 E. Colton Ave. Redlands, CA 92373 (the “Location”)**.

I release the Company and the Instructor from any responsibility and/or liability concerning the application, processing, and/or consequences of the activity that I elected to participate in at the Location.

I understand that activities such as forest bathing, yoga, and journaling include physical movements as well as an opportunity for relaxation, stress re-education, self-reflection, mindfulness, and breathwork. As 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 guidance from the instructor. I will continue to breathe smoothly.

Understanding the risks of falls, strains, joint stress, and/or aggravation of chronic conditions, I release the company and the instructor, its employees and its agents harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical and/or psychological) or transmission of a communicable disease that I might incur as a result of the service provided today and I agree to voluntarily participate understanding these risks and their outcomes.

I warrant that I am physically fit and in a condition that will allow me to participate fully in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Company has not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity, and the instructor is relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in the Activity.

By printing and signing my name below, I acknowledge that participation in the above activities exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the session.



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Date: _____

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	Printed name	Signature	Date
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