

Radiant Well-Being Yoga/Block Therapy
Liability Waiver

First name: _____ Last name: _____

Address: _____

Phone #: _____ Email: _____

WAIVER OF LIABILITY

I, (print name) _____, understand and agree to the following:

I am fully aware of the risks and hazards involved in Yoga/Block Therapy and understand that Yoga/Block Therapy require physical exertion that may cause physical injury and/or result in healing crises. It is my responsibility to recognize my physical limits and not attempt anything that is beyond my physical ability and could risk injury. I assume all risk for my Yoga/Block Therapy practice with Nicolette Groeneveld and/or any third party offering a Yoga/Block Therapy class on her behalf ("Alternate Instructor"). It is my responsibility to consult with a physician prior to and regarding my participation in any Yoga/Block Therapy class. I warrant that I am physically capable and I have no medical condition that would prevent me from safe participation in any Yoga/Block Therapy class offered by Nicolette Groeneveld/Alternate Instructor.

Should my medical condition change in any way that would prevent my safe participation, I agree to immediately discontinue my participation in any Yoga/Block Therapy class offered by Nicolette Groeneveld/Alternate Instructor and to consult with my physician about continuing or resuming participation. It is my responsibility to inform Nicolette Groeneveld/Alternate Instructor of any ailments, injuries or pregnancy before participating in any Yoga/Block Therapy class, and I will modify my Yoga/Block Therapy exercises so as to prevent injury/further injury.

My participation in any Yoga/Block Therapy class offered by Nicolette Groeneveld/Alternate Instructor is voluntary and I assume all risk of personal injury, death, or disability to myself that may result from my participation or my use of the Instructor's facility, including any damage to, loss or theft of any personal property.

Participant's signature: _____

Print full name: _____

Date: _____