



Acknowledgment, Release, And Waiver of Liability

I, _____ acknowledge and understand that participating in yoga therapy, clinics and/or classes carries with it an inherent risk of personal injury or damages including but not limited to musculoskeletal pain, strains, changes in blood pressure, falls, and, in the case of in-person instruction or therapy, the potential transmission of communicable diseases included but not limited to Covid-19.

I understand that I will participate in practices designed for my specific condition in yoga therapy sessions. This may include physical postures, breathwork, and meditation, as well as a customized home practice. If any symptoms such as pain, shortness of breath, or strong emotional reactions occur, I will immediately inform my Yoga Therapist so that any necessary adjustments and modifications can be implemented. I understand that touch is an integral aspect of yoga therapy sessions, and I consent to be touched as deemed appropriate to the therapeutic intervention. I understand that yoga therapy is a collaborative process and that the Yoga Therapist will obtain my ongoing consent to be touched. I also acknowledge and understand that I can inform my yoga therapist that I do not want to be touched at any time during the practice, class, or clinic.

Understanding these risks associated with and inherent in yoga therapy and practice I hereby release Patricia Barnes et. al, from any and all liability, damages, 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 (including but not limited to Covid-19) that I might incur as a result of the activities, programs and/or service provided. I agree to voluntarily participate in yoga therapy or instruction, understanding the risks and potential outcomes as outlined above.

I, _____, acknowledge that Patricia Barnes has encouraged me to obtain clearance from my doctor prior to participating in yoga therapy or instruction. By signing below I affirm that I am healthy enough to participate in yoga therapy or instruction.

This agreement shall be construed and interpreted in accordance with Maryland law.

Client:

Signature

Print Name

Date

Patricia Barnes, Yoga Therapist:

Signature

Print Name

Date