

RELEASE AND WAIVER OF LIABILITY

1. I am voluntarily participating in the Integral Yoga Therapy Practicum ("Practicum") which may involve

physical, mental, emotional and spiritual wellness and Yoga practices offered

By _____simone sanchez_____ (Intern). I am fully aware that the

Intern is in training in the Integral

Yoga Therapy Certification program, and at this time is not a Certified Yoga

Therapist. I further understand that

the Intern will be mentored by a Certified Yoga Therapist during the time completing the Practicum.

2. I recognize that I am choosing to participate in the Practicum in my current state of physical, mental, and

emotional health. I understand that the Practicum may require physical exertion, and

I represent and warrant that I

am able to clearly communicate

my physical capabilities and limitations, and I have no reason which would

prevent my full participation in the Practicum. I understand that it is my responsibility to consult with a physician

prior to and regarding my participation in the Practicum. If

I have consulted a physician, I have taken and will

continue to take the physician's advice. I understand that the Intern reserves the right, at their complete discretion,

to refuse my participation in the Practicum. I understand that I have the right and duty to refuse any activity that

may be perceived as counter to my physician's advice, or which feels painful or unsafe.

3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur

as a result of participating in the Practicum.

4. In further consideration of being permitted to participate in the Practicum, I knowingly, voluntarily and

expressly waive any "Claim" (as defined below) I may have against the Intern, Integral Yoga owners, members,

employees, and/or its instructors, tea

chers, volunteer staff, workshop presenters, independent contractors and the

landlord of the Intern (each, a "Released Party") for any Claim that I may sustain as a result of participating in the

Practicum even if the Claim arises from the negligence of an

y Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss or liability incurred in defending any Claim made by me or any third party (including the employees and agents of the Intern and its contractors) even if the Claim is alleged to or did result from the negligence of any Released Party. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees (including attorneys' fees), legal actions, rights of actions for damages, personal injury, property damage, mental suffering and distress or death that I may suffer, my children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Practicum.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

6. This agreement shall be construed in accordance with, and governed by, the laws specific to the State I am receiving my training. I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this release and waiver of liability, I am giving up substantial rights that I or my heirs and assigns may have against any Released Party.

____EB____ Signature of Client
____EB____ Printed Name of Client
7/3/24____ Date