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 e 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 a
gree 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.
_____M, I, J_____ Signature of Client
__OR_____ Printed Name of Client
10/7/24_____ Date