

Yoga, Reiki, Meditation and Women's Circles with Alicia Coates

SAMVIDA HEALTH WAIVER & RELEASE FORM

Yoga;

If at any time during a session, I feel discomfort or strain, I will gently come out of a posture. I may rest at any time during a session. It is important that I listen to my body, and respect its limits on any given day. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case 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 support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Meditation;

I take full responsibility for my breathing and meditation practices. I recognise that meditation may take me to an altered state of consciousness. I acknowledge that breathing techniques can incorporate breath retentions, which I am aware should not be practiced in pregnancy.

Women's Circles;

I understand that advice or support given in these spaces does not replace the need for therapy or professional help.

Reiki;

By choosing to engage in a Reiki-related session, I am giving permission and consent for Reiki to be shared with me. I assume full responsibility for my experience, and equally understand that Alicia does not have the ability to control my spiritual and/or healing experiences that occur as a result of Reiki.

I understand that Reiki, yoga, circles and meditation are not a substitute for professional help, medical attention, examination, diagnosis or treatment. These practices are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician/practitioner has verified my good health and physical condition to participate in such practices, if required. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice, and participation is at my own risk.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Alicia Coates, Samvida, and all related facilities and premises for any personal injury or negligence. Additionally, the facility and instructor are not in any way responsible for any loss or damage of my personal property.

Those under 18 years of age must have this form signed by a parent or guardian.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I acknowledge that ticking this box means that I have read the conditions and I voluntarily agree and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.