



WE R.I.S.E. YOGA Workshop Waiver Form

I _____ (print name) understand that yoga includes physical movements, as well as an opportunity for relaxation, stress reduction, 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

I _____ (print name) understand that We R.I.S.E. Yoga is not intended to be therapy or treatment for any particular mental health concern. This training is not designed to make me a yoga therapist. The techniques and information provided in this workshop are intended to help me deepen my teaching, learning and gain a deeper understanding of how I can use my knowledge of yoga and fitness as a way of contributing to the mental health of myself and my students.

Yoga and Yoga Therapy are not substitutes for medical attention, examination, diagnosis, medical treatment or mental health treatment. Yoga is not recommended or safe under certain medical conditions.

I _____ (print name) affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I, my family members, heirs, or legal representatives, may have now or hereafter against We R.I.S.E. Yoga, Total Resilience Yoga LLC, Whitney Owens, PsyD, Instructor, Instructor, Alexis Wisniewski, Instructor, Amber

Tsang, Co-Founder. I release, waive, discharge, and covenant not to sue We R.I.S.E. Yoga and/or Total Resilience Yoga LLC and/or any and all of the Instructors for any injury or undesirable consequence of yoga practice, whether due to accident, negligence, or other cause.

I _____ (print name) understand and agree that photographs and/or video may be taken throughout the workshop and that these photographs and/or video may be used for future promotional materials by We R.I.S.E. Yoga, or Total Resilience Yoga LLC, and/or any of the Instructors, and/or Amber Tsang, Co-Founder, Marketing Director.

I have read the above release & waiver of liability & fully understand its contents. I voluntarily agree to the terms & conditions stated above.

Date: _____

Signature: _____

Address: _____

Preferred Phone: _____

Email Address: _____

Professional Title (i.e. Nurse, Therapist, CPC, Social Worker, Teacher, etc.) and License Number if applicable:

In case of emergency, please contact (include name, relationship, and phone #):

For any additional questions, please go to www.weriseyoga.com or contact Alexis Wisniewski at alexis@weriseyoga.com