

# Elements Rising - Meditation Center and Studio

## Release of Liability and Waiver

|   |                    |                                       |                |
|---|--------------------|---------------------------------------|----------------|
| Name:   | Telephone: (     ) |                                       |                |
| Mailing Address: Street   | City/Town          | Postal Code                           |                |
| Email:  | Birthdate:         |                                       |                |
| Emergency Contact:  | Emergency Number:  |                                       |                |
| What are your primary goals for this class?   |                    |                                       |                |
|   |                    |                                       |                |
| Is there anything additional that you would like to share that would help your experience be most comfortable? (Use back if needed) |                    |                                       |                |
|   |                    |                                       |                |
| Would you like to discuss this privately before your first class by phone, text, meeting or email?                                  |                    |                                       |                |
|   |                    | YES.                                  | NO             |
|   |                    | CIRCLE: Phone. Text. Email. Lets Meet |                |
| Would you like to request NO hands on assists?  |                    |                                       |                |
|   |                    | Yes.                                  | No.     Unsure |
| Did someone refer you?     Yes.     No  |                    |                                       |                |
|   |                    | Name of Referral:                     |                |

**Optional:**

Please check any existing or past conditions:

|                                    |                          |
|------------------------------------|--------------------------|
|                                    |                          |
| High blood pressure                | <input type="checkbox"/> |
| Back/neck                          | <input type="checkbox"/> |
| Knee, Hip Shoulder, or other Joint | <input type="checkbox"/> |
| Low blood pressure                 | <input type="checkbox"/> |
| Headaches/ Migraines               | <input type="checkbox"/> |
| Anxiety/depression                 | <input type="checkbox"/> |
| Panic Disorder                     | <input type="checkbox"/> |
| Trauma / PTSD                      | <input type="checkbox"/> |
| Glaucoma                           | <input type="checkbox"/> |

|                                       |                          |
|---------------------------------------|--------------------------|
| Pregnancy (current)                   | <input type="checkbox"/> |
| Low blood sugar                       | <input type="checkbox"/> |
| GI, Reflux, or Other.                 | <input type="checkbox"/> |
| Dizziness or Lightheaded              | <input type="checkbox"/> |
| Other: Disorder or Condition          | <input type="checkbox"/> |
| Other: Recent Surgery                 | <input type="checkbox"/> |
| Other, Not Listed. ( Please Describe) | <input type="checkbox"/> |

Please use the space provided below or on the back of this page to provide any information

about your condition or limitations and adjustments that you would like to request. This is also a space to list any other health concerns, personal goals, injuries, allergies or medical conditions that were not listed.

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In any physical activity, the risk of serious physical injury is possible. In addition, there are certain experiences that may feel triggering to a student based on any number of past experiences, mental and emotional disorders, and trauma or even sensory responses. Yoga and other forms of exercise, breath-work, creative movement, meditation, self expression or other experiences provided while at Elements Rising Studio are no substitute for medical diagnosis and/or treatment. It is recommended that the student approach all activities as complementary to their existing treatment and care, not as an alternative unless agreed upon by the participant and their physician or primary care team. The student assumes the risk of yoga, self-expression, meditation, breathing practices, energy work, reiki, forest guided labyrinth experiences, outdoor activities or any other activity at the studio and releases the teacher: Nadine Westover, and Elements Rising Meditation Center and Studio from any liability claims.

I, \_\_\_\_\_ (please print name), am participating in classes or workshops with Nadine Westover, DBA Elements Rising Meditation Center and Studio. I am aware of the physical, mental, and emotional risks involved with studio activities, including but not limited to yoga, meditation, mindful forms of self expression, breathing practices, energy work, reiki, forest guided labyrinth experiences, outdoor activities or any other activity that I participate in while at the studio and meditation property. I understand it is my personal responsibility to consult with my doctor, therapist or primary care team of any professionals that I am working with for health and wellness, regarding my participation. I have no medical conditions, that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. Any and all practices presented while at the studio, especially those of a physical nature, are always optional and never required. I take personal responsibility for only participating in postures, practices and activities that I feel safe and ready for. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I understand that it is my responsibility to take safety measures regarding the spread and prevention of communicable diseases and illnesses. If I am unwell, or at risk of spreading an illness that presents as contagious I agree to remain home until the risk of spreading the illness to others has passed. I understand and agree to the terms and conditions stated above.

Name Printed: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_