

Disclaimer Form

I, _____ hereby agree to the following:

1. This waiver of liability includes any risk of attending consultations, engaging in person, Zoom sessions, classes, workshops or other services provided by **Vedic Astrology 369 [Astrology, Counselling, Yoga Therapy], Director Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist.**
1. That I am participating in the Yoga Therapy, Yoga Practices, Breath Work or any other Exercise Program offered by **Vedic Astrology 369 Director: Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist**, during which I will receive information and instruction about yoga, physical exercise, breath work and wellbeing practices. I recognise that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
1. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga practices, health programs or workshops offered by **Vedic Astrology 369 Director: Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist.** I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these yoga practices, health programs or workshops.
1. If I am pregnant I understand that I participate fully at my own risk and that of my unborn child/children.
1. In consideration of being permitted to participate in the yoga practices, health programs or workshops, 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 programs offered by **Vedic Astrology 369, Director: Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist.**
1. In further consideration of being permitted to participate in the yoga practices, health programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against **Vedic Astrology 369, Director: Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist** or the instructor for injury or damages that I may sustain as a result of participating in these programs.
1. I understand that from time to time during yoga practices, the instructor may physically adjust students' form and posture. If I do not want such physical adjustments, I will so inform the instructor at each session I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.
1. I _____ hereby take full and sole responsibility from any liability of loss or damage to personal property associated with yoga therapy or any other events.
1. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue **Vedic Astrology 369 Director: Elle Feurtado, Vedic Astrologer, Jyotisha Pandita, Senior Yoga Therapist** or employees for any injury or death caused by their negligence or other acts.

**I have read the above release and waiver of liability and fully understand its contents.
I voluntarily agree to the terms and conditions stated above under my own free will.**

Name _____ Signature _____ Date _____