Release and Waiver of Liability Agreement

I, Andrew Kahn LLC, acknowledge that I am not presently a social worker, psychologist, or any other medical professional, and I am not qualified to offer medical advice. By providing yoga, meditation instruction, holistic health counseling, or the like, I am offering only general guidance and potential benefits. All suggestions should be carefully considered and if there are any doubts a medical doctor should be consulted.

I, _____, accept the following legally binding agreement between myself and Andrew Kahn LLC.

AGREEMENT:

I, ______, acknowledge that I have read this document and fully understand the limits of the instruction and holistic health counseling or other services being offered.

If at any point I have any doubt about my ability to participate, I will consult my medical doctor prior to participation. I will accept full responsibility for the extent to which I participate. I recognize that I must choose to rest and modify my practice according to my individual needs and capabilities. I hereby waive all claims of any nature arising from or out of my participation, against Andrew Kahn LLC, his facility, the Peaceful Presence Yoga Studio and any affiliates or employees for any injuries or losses I may sustain.

Signature: _____ Date: _____

By signing this agreement, I acknowledge that you have read and understood its contents, and I agree to be bound by its terms and conditions.