

Participant Agreement, Release and Acknowledgment of Risk

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

1. Voluntary Participation

I, _____, voluntarily choose to participate in yoga instruction offered by Melanie McNally and Yoga and Wellness, LLC. I understand that during the sessions, I will receive information and guidance related to yoga and health.

2. Awareness of Risks

I acknowledge that yoga involves physical exertion, which may lead to physical injury. I fully understand and accept the inherent risks and hazards associated with my participation.

3. Responsibility for Medical Fitness

I understand that it is my responsibility to consult with a physician prior to participating in yoga instruction. I warrant that I am aware of any medical conditions that may affect my participation and have disclosed this information to Melanie McNally. I agree to listen to my body, modify practices as needed, and inform the instructor of any discomfort or medical concerns during sessions.

4. Assumption of Risk

In consideration of being permitted to participate in yoga instruction, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, that I or my property may incur as a result of participation.

5. Waiver of Liability

I knowingly, voluntarily, and expressly waive any claim I may have against Melanie McNally or Yoga and Wellness, LLC for injuries or damages sustained as a result of participation in yoga instruction. I understand that this waiver includes injuries caused by negligence or other acts by the instructor, facility, or third parties.

6. Release and Covenant Not to Sue

I, my heirs, and legal representatives forever release, waive, discharge, and covenant not to sue Melanie McNally or Yoga and Wellness, LLC for any injury, death, or property damage caused by negligence or other acts in connection with yoga instruction.

7. Media Release (Optional)

I grant Melanie McNally and Yoga and Wellness, LLC permission to use photographs, videos, or other digital media of me taken during classes or workshops for marketing, educational, or promotional purposes, in print or online, without payment or additional consideration.

☐ **Yes**

☐ **No**

8. Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

9. Acknowledgment and Agreement

I confirm that I have read and fully understand this Yoga Waiver and Release of Liability. By signing below, I voluntarily agree to the terms outlined and acknowledge that this release is legally binding.

Signature: _____

Date: _____ Signature Legal Representative: _____

Printed Name: _____

Melanie McNally, C-IAYT

Signature of Yoga Therapist

Date

CLIENT/ PRACTITIONER AGREEMENT

Please read through this document thoroughly. Then, complete, sign, and date. By typing or writing your name below, you indicate that you have read and understood the material in this contract.

Yoga Therapy is a holistic approach, addressing your physical, emotional, mental, and spiritual health. When suffering pain in one of these areas, I will develop with you an individualized yoga practice that promotes well-being and brings balance to your body and mind. As a Yoga Therapist, it is important to create with my client a collaborative, individualized, and trustworthy relationship.

In order to secure excellence and respect, I present you with a Confidentiality Agreement supporting our work together. Please check the box to signify your understanding.

- ☐ Yoga Therapy does not diagnose any condition or problem from which you may appear to be suffering.
- ☐ Yoga Therapy is not a substitute for medical treatment.
- ☐ All personal and medical information shared in person and on my intake form is confidential.
- ☐ You may give written permission for me to speak to your doctor, physical therapist, or other health care providers.
- ☐ You may give permission to your other health care providers in order for them to speak with me.

EXCEPTION TO CONFIDENTIALITY:

- ☐ Yoga Therapists work in the tradition to learn from advanced teachers. I may consult with one of them in order to provide the best possible care. This can happen in person, by phone, or by Zoom. Such consultations are for professional development and for training and are kept confidential.
- ☐ There are exceptions of circumstances where there is a responsibility to disclose confidentiality.
- ☐ By checking this box and typing my name below I understand this is a legal and binding contract with Melanie McNally. I understand that these terms apply to all yoga therapy sessions I receive from Melanie McNally.

Signature of Client or Legal Representative

Melanie McNally, C-IAYT

Signature of Yoga Therapist

Date

Date

PAYMENT AGREEMENT

Initial Yoga Therapy Assessment - \$150

Which will include a 90-minute health assessment and start to plan out some long-term goals.

Circle the option that you would like.

60 minutes

1 lesson \$95

(4 lessons x \$80) \$320

(6 lessons x \$75) \$450

(8 lessons x \$70) \$560

(10 lessons x \$65) \$650

Policies

1. Payment must be made in advance or at the time of the first scheduled session.
2. Please give a 24-hour notice if you must cancel or reschedule your session.
Failure to do so will result in a loss of that session missed.
3. I am certifying that I am in good health and have been cleared to exercise by my doctor. I do not hold Melanie McNally responsible for any injuries while training.

Method of Payment

Name: _____

Phone: _____

Date Paid: _____

Paid and number of lessons: _____

Venmo: @melanie-mcnally

Signature of Client or Legal Representative

Date

Melanie McNally, C-IAYT

Signature of Yoga Therapist

Date