GREENSHIRE INSTITUE | WISTERI-YOGA & REIKI LLC | RACHEL- KEEN.CHI.BALANCE LLC

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability:

1 I understand that Reiki is a gentle, hands-on energy technique that is used for stress reduction and relaxation, and that long term imbalances in the body, sometimes require multiple sessions to facilitate the level of relaxation needed by the body to heal itself. Reiki treatments are not to interfere with the treatment of a licensed medical professional and does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activity. I represent and warrant that I am physically and mentally fit to do yoga and have no medical condition which would prevent my full participation in any activity.

3. I, MY HEIRS, OR REPRESENTATIVES RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OR ASSERT CLAIM AGAINST WISTERI-YOGA & REIKI LLC & RACHEL- KEEN.CHI.BALANCE LLC and THEIR EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES, ETC. CAUSED BY THEIR NEGLIGENCE. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST WISTERI-YOGA & REIKI LLC, RACHEL- KEEN.CHI.BALANCE LLC THEIR EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES ETC. AS A RESULT OF PARTICIPATING IN WISTERI-YOGA & REIKI LLC |RACHEL- KEEN.CHI.BALANCE LLC ACTIVITIES OF ANY KIND.

4. I have carefully read this waiver and release for the owners and staff of Greenshire Institute and Wisteri-Yoga & Reiki LLC | Rachel- KEEN.CHI.BALANCE LLC By signing this form, I voluntarily agree to the above terms, releasing Greenshire Institute | Wisteri-Yoga & Reiki LLC | Rachel-KEEN.CHI.BALANCE LLC from its own negligent acts.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_