

Funky Monkey Yoga LLC

Medical/Mental Health Consent and Waiver Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Information (please provide two contacts)

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

(Initial) \_\_\_\_\_ To the best of my knowledge, I suffer from no medical or physical condition or disability that will or might increase the normal risks associated with iRest® Yoga nidra

Within the last nine months have you been treated by a Health Care professional for the following (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> PTSD   | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Domestic Violence                              | <input type="checkbox"/> Physical Abuse                |
| <input type="checkbox"/> Sibling Abuse                                  | <input type="checkbox"/> Emotional Abuse               |
| <input type="checkbox"/> Sexual Abuse                                   | <input type="checkbox"/> Homelessness                  |
| <input type="checkbox"/> Childhood Abuse                                | <input type="checkbox"/> Chronic Pain                  |
| <input type="checkbox"/> Alcoholism                                     | <input type="checkbox"/> Depression                    |
| <input type="checkbox"/> Drug Addiction (prescription and recreational) | <input type="checkbox"/> Anxiety                       |
| <input type="checkbox"/> Sleep disturbances                             | <input type="checkbox"/> Other (please describe) _____ |

\_\_\_\_\_

If you answered yes to any of the medical condition's a clearance letter **must** be obtained from the Health Care Professional that was treating you for any of the medical conditions before starting the 6/8 week course.

**Please initial each of the following**

\_\_\_\_\_ I understand that "iRest® Yoga Nidra 6/8 week course is not intended for diagnosis or treatment of any medical conditions. If there is evidence of clear and imminent danger of harm to self and/or others, the instructor is legally required to report this information to the authorities responsible for ensuring safety.

\_\_\_\_\_ I understand that In the aforementioned activity that I'm participating in is entirely at my own risk.

\_\_\_\_\_ I am aware of the risks associated with the course with traveling to and from as well as participating in this course, which may include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, Temporary or permanent disability (including paralysis), economic or emotional loss, and death.

\_\_\_\_\_ I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel or the condition of the course. Nonetheless, i assume all related risks, both know or unknown to me, of my participation in this course, including travel to, from and during the course.

\_\_\_\_\_ I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it potential for death, serious injury, and property loss. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

\_\_\_\_\_ In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness

\_\_\_\_\_ I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and i agree to voluntarily give up or waive any right that i otherwise have to bring a legal action against for personally injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of , its agents, and employees

Signature \_\_\_\_\_

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

Date \_\_\_\_\_