



Class Release Waiver

- ★ I, _____, am choosing under my own self dominion to participate in the offerings by Zahra Indigo Rønlov. I understand that she, guest teachers, assistants, or other participants do not diagnose conditions, prescribe substances, perform medical treatment, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailments I may have.
- ★ I understand that I hold within me the wisdom to learn, grow, and heal myself when the physical, mental, emotional, and spiritual aspects are ministered to. Through my choice to study with Zahra Indigo, I acknowledge my intention to bring attention to my own self-improvement and healing process.
- ★ I understand this study may require me to inquire deeply into the nature of myself—who I was, who I am and who I want to be.
- ★ I understand that Zoom classes are recorded and accessible to registered students for up to six months after the class. I understand that Zahra Indigo reserves the right to share and/or sell the recordings in future offerings, and that I can request the recording be paused during my sharing if I do not want my sharing to be recorded. _____ << Initial here if you want the recording paused during your sharings.
- ★ By signing here, I acknowledge that I understand and agree with the above statements and that Zahra Indigo Rønlov, any guest teachers, teacher's assistants, or other participants are not liable for any physical or psychological ailments I may have had, have currently, or may develop in my time studying with Zahra Indigo Rønlov.

Class Title

Signature _____ Date _____

Printed Name

Phone / Email

Add to Email List: YES NO ALREADY ON IT UPDATE MY EMAIL

Please sign and return to info@sacredwitness.center before your first day of class.