



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 will require me to inquire deeply into the nature of myself—who I am and who I want to be.
- ★ 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.

Signature

Date

Printed Name

Mailing Address

Phone / Email

Add to Email List: YES NO

Please sign and return to witnessthesacred@gmail.com before class.