

**Client Release and Waiver Form for
Megan Hively Yoga and Ayurveda LLC**



_____ I acknowledge and agree that all interactions with Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are for educational purposes only regarding: Ayurveda, Yoga, Personal Training, fitness, health and wellness practices, herbal recommendations, meditation and relaxation techniques.

_____ I fully understand that Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are not licensed to practice medicine, are not practicing medicine, and are not offering, providing, or discussing medical advice, treatments, procedures, or diagnoses. I am not seeking medical treatment, procedures, or diagnostics. I am not working as an agent for international, federal, state, or local agencies or, on a mission of entrapment or investigation during any interaction with Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants.

_____ By signing this document, I understand Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants all are solely providing complementary and alternative education. I will not construe any interaction with Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants as medical treatment, psychotherapy, psychological counseling, or any type of therapy, nor is it a substitute for any of these services. I understand that I am not establishing a patient relationship, fiduciary or confidential relationship with Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants and am not entitled to any privileges associated with a patient relationship.

_____ The services performed by Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are at all times restricted to consultation and education on the subject of Ayurveda, Yoga, Personal Training, fitness, health and wellness practices, herbal recommendations, meditation and relaxation techniques intended for the maintenance of the best possible state of overall health and wellness and do not involve the diagnosing, treatment or prescribing of remedies for disease. I also understand that it is my responsibility to discuss any and all information provided during consultations and educational sessions with my primary health care provider or any other health care providers/specialists whose care I may be under.

_____ I release Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants from any and all legal liability during my participation in consultations, education, and any and all interactions with Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants including but not limited to: in-person, virtual, electronic communications, recordings, workshops, articles, and emails. I assume sole responsibility for my own health and for the results of any consultation and education provided by Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants that may affect my health in any way.

_____ All information received by me from Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants, is accepted with the full knowledge that any action taken by me as a result of the information received is my complete responsibility. By signing this document, I agree that I have received sufficient information to enable me to decide to undergo or forgo the services and education offered. I have considered all of the above information and have obtained whatever information or professional advice I deem necessary to make an informed decision.

Client Release and Waiver Form for Megan Hively Yoga and Ayurveda LLC continued

_____ I agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law. By signing in the space provided below, I knowingly, voluntarily, and intelligently assume these risks and agree to irrevocably release, indemnify, hold harmless and defend Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants, from and against any and all claims of whatsoever kind or nature, and for any loss, damage, or injury, including but not limited to, financial, personal, physical, emotional, psychological, spiritual, medical, or otherwise which I may incur arising at any time out of or in connection to any activity, education, information, communication, consultation, or video.

_____ I acknowledge that yoga, fitness, exercise, physical activities, and breathing/pranayama activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. I understand such risks cannot be eliminated, despite the use of safety equipment and by taking all known precautions, without jeopardizing the essential qualities of the activity.

_____ I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in any activity or education, or I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in any activity or education. I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition, activity, or education.

_____ I expressly accept and assume all of the risks inherent in any activity associated with education by Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants or any activity that might have been caused by their negligence. My participation in any activity or education is purely voluntary, and I elect to participate despite the risks. If I believe at any time that event conditions are unsafe or that I am unable to participate due to physical, mental, emotional, spiritual, or medical conditions, I will immediately discontinue participation.

_____ I understand that Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are not responsible for unauthorized access to any information I provide.

_____ In the event I file a lawsuit, I agree to do so solely in the state where Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are incorporated, and I further agree that the substantive law of that state shall apply. I also agree to mandatory arbitration in the state in which the Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants are incorporated. I agree to cover all legal costs incurred by Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants should they be favored in any legal outcome. Should Megan Hively Yoga and Ayurveda LLC, its practitioners, agents, employees, and/or consultants or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

Client Release and Waiver Form for Megan Hively Yoga and Ayurveda LLC continued

_____ If I am submitting this Agreement electronically, I fully understand that typing my name and initials in the spaces provided below will be considered my signature and constitute my acceptance and agreement to the entirety of the Agreement.

_____ By initialing here, I indicate that I am aware that any and all services are not covered by insurance and that I am responsible for all fees incurred.

_____ If signing for a minor, I represent that I am legally entitled to do so.

_____ If signing for a minor, I understand that all references of I refer to the minor.

Date: _____ **Signature:** _____

Print Name: _____

Signature of Guardian for Minor Child: _____

Print Minor's Name: _____

Relationship to Minor: _____