**ESSENTIAL ELEMENTS Yoga and Qigong WITH RENÉE BOGARD**

**WAIVER AND RELEASE OF LIABILITY**

In consideration of the services provided by Renée Bogard, a certified Hatha Yoga and Qigong Instructor, the undersigned prospective participant ("Participant") agrees to assume all risks incidental to such participation, including, without limitation, injury or loss to person or property.

The undersigned affirms that he/she is solely responsible to decide whether or not to become a Participant. It is highly advisable to obtain a physician's authorization before beginning any physical activity. While the assumed physical and physiological benefits may be conveyed to Participants, it is critical to note that Yoga and Qigong services with Renée Bogard are not a substitute for medical attention, examination, diagnosis or treatment. Yoga/Qigong services with Renée Bogard are not recommended and are not safe under certain medical conditions. The undersigned agrees to seek out additional advice; to modify participation; and/or to cease participation altogether if any of the contraindicated conditions below apply. Check those that apply to you:

* pregnancy
* heart, vascular, stroke or circulatory disorder
* immune system, connective tissue or nervous system disorder (Chronic Fatigue Syndrome)
* arthritis / back / joint / muscle or soft tissue disorder (Fibromyalgia, etc.)
* diabetes or thyroid condition
* menstrual or gynecological disorder
* seizure (epilepsy, etc.)
* lung, respiratory disorder (Asthma, Allergies )
* high or low blood pressure
* gastrointestinal disorders, i.e. acid reflux hiatal hernia, I.B.S., gallbladder disorder, etc.
* severe mental, emotional or psycho-social disorders (Depression, Anxiety)
* other pre-existing injuries, conditions or disorders or short-term illnesses or disease which may compromise participation (Sciatica, low back problem, tennis elbow, carpel tunnel, osteoporosis, knee or ankle problems)
* Recent surgery or hysterectomy within last twelve months
* cigarette or alcohol consumption

\* I understand there are no refunds on deposits, retreats, classes, or class series.

The undersigned hereby agrees to indemnify and hold harmless Renée Bogard from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or in equity, known or unknown, incurred by Renée Bogard and arising out of or in any way related, directly or indirectly, to the Participant's participation. The undersigned hereby ratifies Participant's execution of this waiver and release form.

I have read and understand all of the above terms. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Renée Bogard. Furthermore, I attest, by affixing my signature below, that I am age eighteen (18) or older, or have parental or guardian consent (when applicable).

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* How did you hear about this class?** (internet, referral, sign or flyer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_