Yoga and/or Qigong Waiver and Release Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OPTIONAL**

I understand that yoga and/or qigong include physical activity and, as with all physical activity, there is the risk of injury of varying types and degrees, which risk cannot be eliminated. If I experience any pain or discomfort, I agree that I will discontinue the activity and ask for support from the instructor. I assume full responsibility for all damage which may be incurred because of my participation in yoga and/or qigong activities.

I understand that yoga and/or qigong is not a substitute for medical attention, examination, diagnosis, or treatment, nor is yoga and/or qigong recommended or safe under certain ethical conditions. By signing, I affirm that a licensed physician has verified the status of my health and physical condition as sufficient to allow me to participate in the physical activity required by the yoga and/or qigong program. I agree that I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician’s approval to participate is at my own risk. I agree to irrevocably release and waive any claims that I have now or may have hereafter against **Gail Morales and Blissful Light, LLC**.

The yoga and/or qigong activities I engage in may be provided to me online or by similar electronic, video, or digital means. I understand, acknowledge and accept that this type of activity may have disruptions in service, may be impacted by the nature and quality of the transmission, may not afford me the ability to see, perceive, or comprehend certain visual, audio, or physical dues, instructions, conditions, or other elements of the services provided by **Gail Morales and Blissful Light, LLC**, and/or may not provide you an opportunity or ability to perceive and/or render assistance in the event of an emergency or other situation that requires prompt or immediate attention. I understand that I have assumed the risk of such a situation, and I will take steps to avoid or deal with such situations at my location, as provided to **Gail Morales and Blissful Light, LLC** such information I have regarding any condition that exists, or I believe may arise during this yoga and/or qigong activities.

I understand that participation in classes includes possible exposure to infection diseases including but not limited to MRSA, Influenzas, and COVID-10. While there are any may be established, either by governmental action, the studio, the instructor or otherwise, certain rules, regulations, protocols, procedures, and restrictions, as applicable to the studio, the instructor, and me, as the student, the purpose of which is to reduce the risk of infection, there is a risk of serious illness and death. I understand and freely assume this risk, as well as the responsibility of complying with all rules, regulations, protocols, procedures, and restrictions, whoever or whatever established them. I knowingly and freely assume the risk of infection, even if it arises from the negligence of anyone else, including but not limited to the studio and the instructor, and I waive and release **Gail Morales and Blissful Light, LLC.**, as well as its staff, the instructor and any other person or entity involved in arranging, conducting, or providing any services in any way for the yoga and/or qigong session or instruction, regarding any claim, injury, disability, death, as well as any loss or damage to person or property, that might result from exposure to any communicable disease.

I also understand and agree that, if I observe, become aware of, or in any way have or gain knowledge of any unusual or significant hazard during my presence or participation, including, but not limited to the presence of any communicable disease, I will remove myself from participation and bring such to the attention of the instructor and/or nearest representative of the studio immediately.

I also understand that, during the course of the yoga and/or qigong activities, you may receive in some form information about me that would be considered as confidential or protected, including but not limited to medical, financial, and personal information. This would include any such information that may be communicated during or pursuant to yoga and/or qigong activities I engage in online or by similar electronic, video, or digital means. I acknowledge that I have a responsibility to protect and prevent the disclosure of any such information.

I have read and fully understood and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Illinois.

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