

LIABILITY WAIVER AGREEMENT

I _____(print name) understand that meditation includes an opportunity for relaxation, stress re-education and relief of muscular tension.. If I experience any physical or emotional pain or discomfort, I will listen to my body and mind, and I will ask for support.

Meditation is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice meditation. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Robyn Frankel-Tiger or Yoga Heals 4 Life.

Signature of meditation client, parent or guardian

Date