

# Crystalline Wellness

Clear Body, Mind, & Soul

## Yoga & Sound Healing Liability Waiver

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Do you want to be added to the Crystalline Wellness mailing list?    Yes    No

Do you have any physical limitations that could be aggravated by exercise (i.e. pregnancy, high blood pressure, back, neck, shoulder or knee problems)? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions that could be negatively impacted by intense vibrations and/or sound healing? (i.e. heart conditions/pacemakers, severe hearing impairments, recent head injuries, extreme sensitivities to sound, metal plates or implants, pregnancy in the first or third trimesters, mental health conditions, etc.) If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you prefer a hands-on approach (physical adjustments made by the instructor) or a hands-off approach (verbal cues only) if the instructor notices that an adjustment needs to be made to keep your body properly aligned? (if applicable)

Hands-On      Hands-Off      Either OK

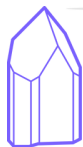
Do you agree to the use of essential oils? (if applicable)    Yes    No

Yes, but please avoid: \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Anything else you would like me to know? \_\_\_\_\_

\_\_\_\_\_



## Liability Waiver Continued

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reeducation and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly and pay attention to my heart rate and other physical and/or emotional cues I may experience and determine the best course of action for myself. I assume full responsibility for any and all damages which may incur through the participation of any Crystalline Wellness activities, either virtually or in-person.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By submitting this waiver, I affirm that a licensed physician has verified my good health, emotional well-being, and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical and/or emotional conditions or physical limitations before each class I participate in, as I am solely responsible for informing them of any changes that may differ from what I am submitting today.

If I am pregnant, trying to become pregnant or I am post-natal or post-surgical, my submission verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Karen Paisley and/or Crystalline Wellness as well as the physical or virtual locations where Karen Paisley offers yoga instruction. I am submitting this agreement voluntarily and recognize that my submission serves as my signature and complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Print name: \_\_\_\_\_

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

### Contact Information

Phone: 610.392.7049

Email: [crystallinewellnessyoga@gmail.com](mailto:crystallinewellnessyoga@gmail.com)

Web: [crystallinewellness.com](http://crystallinewellness.com)