



Y.O.U.

DISCLOSURE AND GENERAL RELEASE

I, the undersigned, fully understand that this session/class/workshop/training is educational and that I am solely responsible for my health, safety and well-being while participating in person or online. In addition, I agree to assume all risk of damage or injury that may occur as a result of my participation.

I agree that I will inform my instructor of any activity which I cannot safely perform and that I will not perform (or attempt to perform) any activity which I feel is likely to cause me to injure myself in any way.

I agree to hold harmless, release and discharge the instructors of Y.O.U. (you onward and upward), Crystal Sullivan, Crystal Sullivan Yoga LLC, Shelley Nyren and Shelley Nyren Ministry and Yoga LLC from any and all claims, demands and actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that may result from my participation in any/all sessions, classes, workshops and trainings.

If I am under the care of any physician, counselor, therapist etc, I have received permission from them to attend this session/class/workshop/training.

Yoga Therapy entails the individualized practical application of yoga's tools based on the presentation of the client. It is not intended to diagnose, treat or replace current medical practices; but rather be a complement. Yoga Therapy is not a licensed healthcare profession in CT. Spiritual direction is not psychotherapy and all sessions are for support and guidance only. No discussion should be regarded as legal, medical, financial, psychological or business fact or advice. Services provided are not a substitute for professional services and it is advised that you seek advice from relevant qualified experts, as needed.

I affirm that all of the information that I provide is accurate and complete and I am signing this agreement under no duress, without inducement, promise or guarantee. If I am not of legal age, my parent/guardian/responsible person has agreed to this waiver/release on my behalf.

Printed Name _____

Signed _____

Date _____