Yoga with Lauren Kelly Health WaiveFile Edit View Insert Format Tools A			b Share	٢
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	accurate and true. I acknowledge that Yoga is not a medical procedure, and LAUREN KELLY will not be providing a diagnosis of any medical problems or concerns that I may have. I understand that Yoga is a process of integration intended to facilitate wholeness, body-			
	awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform LAUREN KELLY of any activity or movement, which I cannot safely perform, and that I will not perform any activity or movement, which I feel			0
	is likely to cause me to injure myself. I agree to hold LAUREN KELLY, the Studio or Facility, harmless from any and all responsibility for any injury which may sustain during or as a result of my Yoga sessions. I knowingly and voluntarily waive any claim I might have against			+
	LAUREN KELLY for injury or damages that I may sustain as a result of participating in this program. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue LAUREN KELLY for any injury or death caused by their negligence or other acts.			
	- COVID-19 : I agree to follow all necessary studio protocol to protect myself and others.			
	 a. I will wear a mask at all times in the building. b. I will maintain proper hygiene including washing my hands regularly, not touching my face, and eating and drinking outside only. c. I will monitor my own symptoms and stay home if I feel unwell. 			
	I have read the above release and waiver of liability and I fully understand its contents. I fully and voluntarily agree to the above terms and conditions.			
	Dated: Signed:			
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