

Heaven Meets Earth]
2746 Central Street Evanston, IL 60201
Participation RELEASE AND WAIVER OF LIABILITY
The Illuminated Soul Teacher Training Agreement

I, (print name) _____, agree to the following:

1. That I am participating in the teacher training yoga classes, health programs, or workshops (collectively referred to below as "Yoga Class") offered by Heaven Meets Earth (collectively referred to as "HME") during which I will receive information and instructions about yoga and health.
2. Yoga Class includes, but is not limited to, participation in online/virtual and/or live meditation techniques, yogic breathing techniques, and performance of various postures and physical activities that bend, stretch, and compress every part of the body. I recognize that participation in Yoga Class requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I represent and warrant that I am in proper physical condition to participate in the Yoga Class. I agree to inform my instructor of any physical limitations, physical discomfort, and injuries before or during Yoga Class, and I take full responsibility for nondisclosure.
4. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Class. I acknowledge that HME has not and will not render any medical services including medical diagnosis of my physical condition.
5. I am aware that there is no obligation for any person to provide me with medical care during Yoga Class. I understand and acknowledge that:
 - a. there may be no aid stations available for Yoga Class;
 - b. staff of HME may have no medical training; and
 - c. if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.
6. In consideration of being permitted to participate in the Yoga Class, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of either participating in the Yoga Class or using the facilities of [Studio Name].

The teacher training experience can be a time of deep emotional connection for some people. Though this process is healing, it can also be trauma sensitive. If you have any history of mental illness i.e. depression, anxiety, schizophrenia, bipolar disorder, post traumatic stress disorder or any form of psychosis, it would be very helpful for your teacher to know in order to be sensitive to your needs. If you are taking medications or have been hospitalized for any of these conditions please describe below.

Please list any prescription medications: (Use separate page if necessary.)

7. In further consideration of being permitted to participate in the Yoga Class, I knowingly, voluntarily, and expressly waive any claim I may have against HME, owners, employees, agents, or independent contractors for any and all injuries or damages that I may sustain as a result of either participating in this program or using the facilities of [Studio Name].

8. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue HME, owners, employees, agents, or independent contractors for any injury or death caused by negligence or other acts.
9. No warranties or representations have been made to me about Yoga Class which are not stated in this Agreement. I understand and intend that this Agreement act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue, and indemnity. There are no refunds given once the course begins.
10. If any provision of this Agreement is deemed unlawful, void, or for any reason unenforceable, then that provision will be deemed severable from this Agreement and will not affect the validity and enforceability of any remaining provisions.

I have read and understood the above release and waiver of liability. I am aware that by signing this agreement, I am waving certain legal rights I, my heirs, or legal representatives may have against [Studio Name]. I voluntarily agree to the terms and conditions listed above.

Signature: _____ Date: _____, 20_____

If participant is under age 18:

As legal guardian of _____, I consent to the above terms and conditions.

Addendum: Work/Trade Agreement:

Name: _____ is engaging in a work/trade agreement with HME and will be offering an agreed upon number of hours in exchange for a discounted tuition. This work/trade agreement is created based on the "honor" system and in good faith. Neither party may be held liable for work hours not preformed or any additional tuition.

Lisa Faremouth Weber _____ Date: _____