



Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Please always inform your teacher before each class of any injuries or limitations. It is your responsibility to inform your teacher of any issues you may have.

Any past or present conditions, injuries, surgeries, and/or limitations we should know about today:

By registering and participating in virtual, in-person, and outdoor yoga/MELT classes, I understand that there is a possibility of physical injury and am participating at my own risk. I have chosen to join of my own free will, using my own judgement (and/or that of my physician's) that the yoga/MELT techniques demonstrated during these classes are appropriate for me. I understand that due to the online nature of virtual classes, no instructor will be in a position to assist me in safely entering or maintaining any posture/technique. I understand that virtual yoga/MELT classes are not a substitute for medical care.

And therefore, I do hereby agree that Wellness Works, LLC, Michelle Warner Hansen are not responsible or liable to me for any injury or accident. I do hereby release Wellness Works, LLC, Michelle Warner Hansen, and students from any claim or cause of action which may have occurred as a result of any medical condition, known or unknown, which I have knowledge presently or in the future. I verify no promises or guarantees, other than those written in this agreement made to me by Wellness Works, LLC and/or Michelle Warner Hansen. In addition, I understand that any information obtained through this waiver is confidential information and will not be released without my consent.

I certify that I have read this agreement and agree to the terms herein.

Signature: _____ Date: _____