

# *Sprouting Soul Wellness LLC*

Samantha Schmell RD, LDN, RYT

## Agreement of Release and Waiver of Liability

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**It is your responsibility to inform an instructor of your limitations before class begins.**

I represent and warrant that I am in good physical health and do not suffer from any medical condition, which would limit my participation in the class offered by Samantha Schmell RD, LDN, RYT and *Sprouting Soul Wellness LLC*. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this class. I understand the risks associated with yoga and I agree to follow all instructions so that I may safely participate in this class. I understand that any physical activity can have inherent risk of injury.

I hereby **WAIVE AND RELEASE** Samantha Schmell RD, LDN, RYT and *Sprouting Soul Wellness LLC*. from any claim, demand, cause of action of any kind resulting from or related to my participation in this event. In participating in classes, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the class.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

*Please practice mindfully and enjoy the many benefits that yoga has to offer.*

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

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

If participant is under 18:

As a Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

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

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

*Sprouting Soul Wellness LLC*  
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