



_____ I acknowledge that I have read and agree to the updated Policies and Procedures pertaining to Guiding Wellness Institute.

We are so grateful to have the privilege of guiding and interacting with you here at the Guiding Wellness Institute. Our facility practices sacred commerce in which participation in our programs is anchored by personal choice, individual responsibility, and conscious involvement. Be mindful to honor you, your needs, your desires, your journey and your well-being. May you be well.

Name: _____

Address: _____ **City:** _____ **State:** _____ **Postal Code:** _____

Primary Phone: _____ **E-mail:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

Liability and Disclosure (Please read, initial and sign):

1. *Participating in any Guiding Wellness Institute program may involve various levels of physical activity, yoga, breathing techniques, stretching and/or meditation. Participation in these activities may involve risks and I accept these risks even if the risks are created by the carelessness, negligence or gross negligence of Guiding Wellness Institute.* _____

2. *It is my responsibility to consult a physician prior to participating in any Guiding Wellness Institute program and I verify that I have gained or will gain my doctor's consent to fully participate. If I have not consulted a physician, I agree that I am participating at my own risk and assume all responsibility for participating in any activity associated with Guiding Wellness Institute.* _____

3. *I acknowledge that the information, material and practice presented and observed is not intended to diagnose or treat mental or physical health conditions, injuries or illnesses and I take full responsibility for the risks and benefits of participating in such.* _____

4. *I acknowledge that Guiding Wellness Institute, Guiding Wellness Programs and Guiding Wellness Instructors have limitations of skills and scope of practice and where appropriate will refer students to seek alternative instruction, advice, treatment or direction.* _____

5. *I agree that my physical condition will allow me to participate in the programs affiliated with Guiding Wellness Institute, and I am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.* _____

6. *I acknowledge that it is my responsibility to share any personal medical information, which will be kept confidential, related to my having a contagious illness or Disease and will refrain from participating in any Guiding Wellness class, appointment or other affiliated program if I am experiencing any symptoms of illness to include a fever, cough or feelings of illness. I further acknowledge that in order to protect myself and others I will refrain from participating in all GWI classes and services for 14 days after traveling outside of the United States.* _____



7. I understand that there is no obligation for any person to provide me with medical care while taking part in any Guiding Wellness Institute affiliated program and I understand and acknowledge that 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. _____

8. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or claims I may have, now or in the future, against Guiding Wellness Institute, its owners, directors, employees and instructors, even if the claims are based on the carelessness, negligence or gross negligence of Guiding Wellness Institute or anyone else. Without limiting the foregoing, I further release any claims which I may now or hereafter have resulting from any decision of Guiding Wellness Institute. _____

9. I agree that Guiding Wellness Institute is in no way responsible for any of my belongings while I attend programs, classes or workshops on property. _____

10. I understand the intention of this training, workshop or class is to cultivate more balance, wellness and self-awareness and I therefore honor the safety and confidentiality of this sacred space and respect the privacy and personal process for myself and others. _____

11. I understand that the material provided in any training, workshop or class is under Copyright and remains Intellectual Property belonging to Guiding Wellness and Guiding Wellness Instructors and is presented solely for my personal process of discovery, development and enjoyment. _____

12. I acknowledge that any and all information released through this training, workshop or class is not intended to diagnose, treat or replace any medical advice, treatment or regimen I am currently following. It is my sole responsibility to consult with my physician before making changes to my current medications and or treatment plan. _____

I take complete responsibility for all of the effects and benefits that are created when willful awareness and mindfulness become my practice.

Name _____

Signature _____ Date _____

Media Release Form

I _____ grant my permission to Guiding Wellness Institute and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of any act that may depict, record or refer to me for any purpose, including commercial use by the Guiding Wellness Institute, their sponsors and their affiliates. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my likeness.