



Comprehensive Care
Rheumatology • Naturopathy • Acupuncture • Yoga Therapy

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in the yoga classes and or workshops offered at Arthritis Health and directed by Paul F. Howard, MD, Virginia Livingston, Ellen Martinoni, Kim Howard or Sherry Petersen during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes and or workshops. I represent and warrant that I am physically fit and have no medical condition(s), which would prevent my full participation in the yoga classes and or workshops. I understand that if I am not a patient at Arthritis Health and under the care of Paul F. Howard MD, Leslie Axelrod, NMD or Keith Wilkinson, NMD, I will need to receive clearance from my personal physician in advance if there are any health conditions which would prevent my participation in the yoga programs and/or workshops.
3. In consideration of being permitted to participate in the yoga classes and/or workshops at Arthritis Health, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of participating in these programs.
4. In further consideration of being permitted to participate in the yoga classes and or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Arthritis Health, Paul F. Howard, MD, Leslie Axelrod, NMD, Keith Wilkinson, NMD, Virginia Livingston, Ellen Martinoni, Kimberly Howard, or Sherry Petersen for injuries or damages that I may sustain as a result of participating in these programs.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Arthritis Health, Paul F. Howard, MD, Leslie Axelrod, NMD, Keith Wilkinson, NMD, Virginia Livingston, Ellen Martinoni, Kimberly Howard, or Sherry Petersen for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Name of Participant

Signature of Participant

Witnessed by: