

Meditation Waiver

I understand that meditation requires and includes physical movements. I realize that meditation also provide relaxation, stress relief, stress education and awareness. As with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will notify the instructor, adjust my position and listen to my body. I will not push my body too far and will ask for support from the teacher if needed. I understand there will be times the teacher may use touch as a method to convey points and increase relaxation.

Meditation will also bring up feelings and emotions that may have gone unnoticed. As with any self-exploration, changes in your mental fitness maybe gradual, immediate or profound. I am undertaking this class with the knowledge that these feelings and emotions will surface. If I have any previous mental concerns I will review that with a doctor, phycologist and/or therapist prior to my involvement in meditation sessions.

Meditation is not a substitute for medical care or diagnosis. Meditation can work well in conjunction with traditional medical care. I will practice meditation only after discussing it with my doctor and gaining their approval. I affirm that I alone am responsible to decide whether to practice and participate in meditation, journaling, crystal work or any other activity provided by Heavily Meditated. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Live Heavily Meditated and the owners Dana Wisniewski and Julie Lockwood.

Name of Participant

Signature of Participant

Liability Waiver

I, hereby agree to the following:

1. That I am participating in meditation classes offered by Dana Wisniewski and Julie Lockwood, where I will receive information and instruction about meditation. I understand that meditation requires physical exertion and mental awareness. I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and in reference to my participation in meditation classes. I warrant and represent that I am physically and mentally fit and have no medical condition that would prevent my full participation in meditation classes.
3. In consideration of participating in meditation classes, I agree to assume full responsibility for any risks, injury or damages, which I might incur as a result in participating.
4. I knowingly and voluntarily waive any claim I might have against Live Heavily Meditated, Dana Wisniewski and/or Julie Lockwood for injury or damages that I may sustain as a result of participating in this program.
5. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Live Heavily Meditated, Dana Wisniewski and/or Julie Lockwood for any injury or death caused by their negligence or other acts.

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

Name of Participant

Signature of Participant

Date