



## **General Liability Waiver**

I acknowledge and understand that I am voluntarily participating in an activity offered by practitioner(s) at Umbrella Wellness, LLC. I understand that some of the activities and services (i.e.: Breathwork, QiGong, Reiki, Sound Bath, Yoga, etc.) have the potential to involve intense physical and emotional experiences, and that there are potential risks associated with any of these practices.

I represent and warrant that I am in good physical and mental health and am capable of participating in this session. I have consulted with my physician if I have any concerns about my ability to participate, including but not limited to:

- History of cardiovascular issues (e.g., high blood pressure, heart disease, aneurysm)
- History of respiratory issues (e.g., asthma, emphysema)
- History of mental health conditions (e.g., anxiety, depression, psychosis, schizophrenia)
- Pregnancy
- Epilepsy or seizures
- Recent surgery or injury

I understand that the facilitator(s) of this session is/are not a medical professional(s) and cannot provide medical advice. The techniques are designed for stress reduction and personal growth and are not a substitute for medical treatment.

I hereby release and forever discharge Umbrella Wellness, LLC; its officers, employees, agents, independent practitioners, and volunteers from any and all claims, demands, actions, causes of action, or liabilities of any kind arising out of or in connection with my participation in this session, including but not limited to any injuries, illnesses, emotional distress, or loss or damage to personal property.

By checking this box I acknowledge that I have carefully read the above Waiver with Release of Liability and fully understand its contents. I am checking the box voluntarily and with full knowledge of its significance.