

INFORMED CONSENT FORM FOR PARTICIPATION

Name _____ Phone _____

Address _____ ZIP _____

E-mail _____

Date of Birth:

Sex: Female ___ Male _____

Occupation:

Will you be taking this as a training for CEU's?

Yoga Teacher _____

Where did you receive your training?

Social Worker _____

Other _____

Please describe your present overall health:

What do you hope to gain from the LifeForce Yoga Practitioner Training?

Do you have (or have you had in the past) any medical conditions (including, but not limited to, bone, muscle, ligament, tendon problems; heart, lung, high blood pressure, epileptic, diabetic or thyroid conditions) that conceivably could affect your yoga practice?

Please describe your overall mental health?

Is there anything you would like us to know?

WAIVER, RELEASE AND NONDISCLOSURE

I acknowledge registering and/or participating in the following course(s): on the _____ day of _____, 20____. The LifeForce Yoga Healing Institute courses and its content is created and conducted by educator AMY WEINTRAUB and through LIFEFORCE YOGA HEALING INSTITUE its employees and/or agents, instructors, officers, directors, owners, heirs, assigns, subsidiaries, and licensees ("LFYHI") and contains proprietary information exclusively owned by LFYHI.

In consideration of receiving this information and the recitals set forth above and the promises and agreements set forth below, as well as other separate and valid consideration, including the participation in the course, I agree as follows:

1) These courses do not diagnose or prescribe any disease, illness or injury (physical, emotional or mental). No medical or therapeutic treatment is offered or given and LFYHI reserve the right to discontinue a registrant's participation in the course at LFYHI's sole discretion if LFYHI determines the course is having an adverse impact on me or any other course participant. In such case, any registration fee shall be refunded. However, no other expenses (i.e. travel, lodging, etc.) shall be refunded.

2) The course material may include recommendations or guidelines for diet and lifestyle changes and specific exercises, treatments, formulas and supplements ("Programs"). Such guidelines are intrinsic to the mission and vision of LFYHI and are not intended to treat, cure or diagnose any illness or disease. LFYHI practitioners and/or health care providers may use this knowledge at their own discretion. However, LFYHI makes no guarantees or warranties as to the efficacy of any Programs, whereas results may vary on a case-by-case basis. LFYHI is also not responsible for any adverse effects of any Programs herein. While LFYHI suggests its programs are more effective when applied towards someone who is not taking any prescribed medication, LFYHI suggests a physician or other health care professional be consulted prior to stopping the use or advising other people to stop the use of prescribed medications.

3) I have read and understood this memorandum, which outlines the scope of the course. I also understand the course is not offered by a licensed medical doctor or therapist and will not include discussions of medical or therapy treatments of any kind and neither the information, nor the recommended products are intended to treat, mitigate, cure or prevent any disease or illness. All information provided is for the sole purpose of imparting education on LFYHI protocol as designed by AMY WEINTRAUB. I understand that it is my responsibility to consult with a physician and/or psychotherapist, if I am currently in treatment, prior to and regarding my participation in the Yoga classes or program sessions with Amy Weintraub. I understand that while practicing LifeForce Yoga, I may experience both physical and emotional release, and that this does not constitute psychotherapy.

4) I hereby release, indemnify, save and hold LFYHI harmless from and against any costs, fees, expenses, liabilities or claims arising from any activity, treatment, conduct or therapy related to LFYHI or LFYHI's services or product line whether affecting myself or anyone else, including illness, injury, death, theft or other liability, regardless of any acts or omissions by LFYHI.

5) As a material part of the consideration to participate in such activities, I hereby assume all risks of injury to person or damage to property arising from any cause and I hereby waive all claims against LFYHI. I am also assuming the risks of all known or unknown claims, regardless of any protections I may have under any laws and I hereby waive the benefits of any state or federal statutes that may allow protection against unknown or unanticipated claims, damages, liabilities or other actions, whether contractual, statutory, or tortious in nature.

6) I will not disclose or communicate LFYHI's proprietary information to any third parties outside the scope of LFYHI's programs and policies and I will not directly nor indirectly make commercial use of LFYHI's trade proprietary information, except as may be allowed through LFYHI's programs and policies. I also agree I shall continue to preserve and maintain the integrity and fidelity of such information.

7) By signing this memorandum, I intend it to be a complete and unconditional release of any and all liability to the greatest extent allowable by law. If any portion of this memorandum is held to be invalid, the balance shall continue in full force and effect. This memorandum shall be interpreted according to Arizona law and all disputes arising from this documents or LFYHI's activities shall be addressed in the jurisdiction, venue and forum of Pima County , Arizona, USA.

Dated this ___ day of _____, 20_____.

Name: _____

Signature: _____

Address: _____

Phone: _____

Email: _____

Photography Waiver and Release Form

I, _____, hereby grant LifeForce Yoga Healing Institute and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I may be included, for any purpose authorized by LifeForce Yoga Healing Institute, including but not limited to: website use, editorial publications, and advertising use. I understand that the circulation of such materials could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to LifeForce Yoga Healing Institute and its legal representatives, I am fully and without limitation releasing it from any liability that may arise from the use of the images.

I further agree to the inclusion of my name(s). Yes [] No []

Date: _____

Printed Name of Participant: _____

Signature of Participant: _____