



**Email completed & signed form to: [sandy@livewellleadbetter.com](mailto:sandy@livewellleadbetter.com)**

**Please return at least 24 hours prior to class.**

**Waiver**

I understand as a client that is my personal decision to take the Introduction to Meditation and Breathwork workshop. I understand and agree that I am fully responsible for my physical and mental well-being.

I understand that the Introduction to Meditation and Breathwork classes are meditation instruction only and not a substitute for treatments or services ordinarily provided by health care professionals for physiological or psychological conditions or concerns. I also agree that should I require medical advice; I will obtain such advice and any subsequent treatment at my own expense. The instructor is not a medical doctor or professional.

I understand that some class sessions will involve breathing exercises. I agree to participate only within my range of physical comfort and should check with a medical doctor to ensure I can participate in breathing exercises. I release Live Well Lead Better and all its instructors and agents from any liability for injuries or any asserted damages occurring now or in the future, during or after my participation in the classes.

I further understand that any instruction given to me during the course is for me personally and is not appropriate instruction for others. The materials provided to participants in the workshop may not be copied or reproduced in any form.

I understand that I must pay for the workshop in advance and if I cannot attend, the amount will be credited for my use within the next year at other Live Well Lead Better workshops.

I have read and understand this Waiver agreement.

Signature\_\_\_\_\_

Date\_\_\_\_\_