



RISING LIBERATION
W E L L N E S S

WAIVER, RELEASE & INFORMED CONSENT

Participant Name: _____ **Date:** _____

1. Yoga & Physical Activity

I understand that Yoga includes physical movements and the possibility of physical exertion. I acknowledge that I am responsible for monitoring my own physical condition and will practice within my limits. I recognize that any physical activity carries a risk of injury. I represent that I am in good physical health and have no medical condition that would prevent my full participation in Yoga classes.

2. Reiki & Energy Work

I understand that Reiki is a relaxation and stress-reduction technique that uses a close-hovering hands over the body method and may include light touch (or no touch, depending on preference). I understand that Reiki practitioners do not diagnose conditions, perform medical treatments, prescribe substances, or interfere with the treatment of a licensed medical professional. I understand that Reiki is not a substitute for medical or psychological care.

3. Meditation & Mindfulness

I understand that meditation involves a process of internal reflection which may occasionally bring up intense emotions or memories. I acknowledge that meditation is a self-regulated practice and that I am responsible for my own emotional well-being during the session. I understand that meditation is not a substitute for professional mental health counseling or psychiatric treatment.

4. Assumption of Risk & Release

In consideration of being permitted to participate in sessions with **Rising Liberation Wellness**, I knowingly and voluntarily waive any claim I may have against **Crystal Wierl**, doing business as **Rising Liberation Wellness Inc.** and any of its employees or contractors, for any injury or damages that I may sustain as a result of participating in these programs. I, my heirs, or legal representatives forever release, waive, and discharge **Rising Liberation Wellness** for any injury or death caused by their negligence or other acts.

5. Informed Consent

- I have informed the practitioner of any physical or mental conditions or limitations.
- I understand that I may "opt-out" or stop any practice at any time during a session.
- I understand that if I am pregnant, I must inform the practitioner immediately.

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.

Signature: _____ **Date:** _____