

Akasha Body Basics

**Informed Consent / Waiver of Liability**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have enrolled with Jennifer Bristol and Akasha Body Basics in a program of physical activity that can be strenuous including, but not limited to, body conditioning techniques. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program. All my injuries and illnesses past and present have been fully disclosed to Jennifer Bristol and/or other practitioners affiliated with Akasha Body Basics. I agree to report any changes in my physical condition to her immediately. If I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform the instructor immediately. I also understand that I will be working out without shoes in an environment that may house equipment, including weights, and do so at my own risk.

In consideration of my participation in this exercise program, for myself, my heirs and assigns, I hereby release Jennifer Bristol and/or Akasha Body Basics and its affiliated practitioners from any claims, demands and/or actions arising from my participation in this exercise program and I hereby release Jennifer Bristol, Akasha Body Basics and other practitioners affiliated with Akasha Body Basics from any liability now or in the future; including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/neck/foot injuries and other illness, soreness or injury, however caused, occurring during or after my participation in this exercise program.

I hereby affirm that I have read and fully understand the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your privacy is paramount and this information will not be shared with or sold to any other parties.