

Atma Daya Yoga with Parameshwari

Deanna Galkin-Doran
C-IAYT, E-RYT500, BSM, MBA
Therapeutic Yoga

Pain & stress reduction

Yoga of Recovery

Ayurveda & Yoga
Lifestyle Counseling

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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

That I am participating in the Yoga Classes, Health Programs or Workshops offered by Deanna Galkin-Doran (DBA Atma Daya, LLC) during which I will receive information and instructions about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved

I understand the Deanna Parameshwari Galkin-Doran is a complementary and alternative health care practitioner and, as there is no licensing available in New Mexico for these services, is not licensed by the state of New Mexico. All services and treatments provided are complementary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in the Yoga Classes, Health Programs or Workshops.

In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I knowingly voluntarily, and expressly waive any claim I may have against Deanna Galkin-Doran (DBA Atma Daya, LLC) for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Deanna Galkin-Doran (DBA Atma Daya, LLC) for injury or death caused by their negligence or other acts.

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.

DATE

SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF _____
I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

CELL PHONE

EMAIL ADDRESS