



# SPIRIT FLOW

Karen Remington \* Certified Yoga Teacher  
Certified Shamanic and Reiki Practitioner  
Spiritual Counselor  
Owner of Spirit Flow Pathways  
37 Minkey Way, Cornish ME 04020



Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Name & Phone Number of **Emergency Contact**:

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I \_\_\_\_\_ (print name) understand that yoga, meditation, Tai Chi and other physically involved classes include physical movements as well as an opportunity for relaxation, stress reeducation, and relief of muscular tension. Participation in class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various postures. Postures are designed to exercise every part of the body, stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Classes at Spirit Flow Pathways LLC may incorporate sustained stretching to strengthen muscles and increase flexibility. Participation is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust or discontinue the posture and ask for support from the instructor. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing practice. Yoga, mediation, Pilates, Tai Chi, and movement practices are not a substitute for medical attention, examination, diagnosis or treatment. Physical activity may not be recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice or not. By signing my name below, I acknowledge that participation in yoga classes (and other activities) exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive

medical treatment that may be deemed advisable in the event of injury, accident and/or illness during class. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from classes, instructors and ***Spirit Flow Pathways LLC*** (also know as ***Spirit Flow***), who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, instructors, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE TO BE LIABLE for financial responsibility of any injury that I may cause either to myself or to any other participant due to my negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless ***Spirit Flow Pathways LLC ( Spirit Flow)***, and any hosting organization, their principals, agents, employees, instructors, representatives, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training.

My signature verifies that I am physically fit to participate in classes and a licensed medical doctor has verified my physical condition for participation in class. If I am pregnant or become pregnant or am postnatal, my signature verifies that I am participating in classes with my doctor's full approval. I realize that I am participating in classes at my own risk. The Student Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this AGREEMENT OF RELEASE AND WAIVER OF LIABILITY will be used by the persons or entities being released in the classes and that it will govern my actions and responsibilities in said classes. I hereby certify that I have read this document; and I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

\*I also understand at Spirit Flow Pathways, that I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by ***Spirit Flow Pathways LLC, ( Spirit Flow)*** \_\_\_\_\_ Initial and Date if you accept.

Print name: \_\_\_\_\_

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

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

If the participant is under 18:

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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