



Waiver of Liability Blend to Mend Sessions

Waiver/Participant Responsibility:

- ☐ I realize that instruction/coaching provided are not a substitute for medical diagnosis and/or treatment for medical conditions. Yoga, somatic movement and Bodymind Ballwork instruction/coaching are provided to promote a healthy lifestyle and assist in reducing symptoms. A licensed medical professional(s) should be consulted to resolve serious medical condition(s).
- ☐ I realize that emotional and/or physical release can occur during sessions.
- ☐ I have informed Joy of known health conditions and medications.
- ☐ I understand that I am participating at my own risk and release *Joy Somatics, Yoga with Joy, or Joy Onyschak* from any and all claims or costs in respect to loss, damage, bodily injury which may arise out of my participation.

Print Name:	Signature:	Date: