



Integrated Care Concepts & Consultation

New Jersey's Premier Mind/Body Service Provider

J. Larry Thompson
LCSW, Founder

Seth A. Arkush
MBA, LCSW, Partner

Integrated Care Concepts & Consultation Yoga Release And Waiver Of Liability

Name _____

Street Address _____

City, State & Zip Code _____

Phone Number _____

Email _____

We, at Integrated Care Concepts and Consultation LLC, are happy to welcome you as a participant in our integrative care offerings. Integrative bodywork, including yoga, meditation, pranayama, craniosacral and massage, can be a transformative practice that integrates and moves the body, mind and emotions with feelings, memories, sensations and tensions and awareness. All exercise and bodywork programs involve a risk of injury. By choosing to participate in a yoga or meditation class at Integrated Care Concepts and Consultation, LLC, you voluntarily assume a certain risk of injury. You are indicating that you have consulted with a physician for appropriate guidance in starting a new exercise program.

I, _____, hereby agree to the following:

1. I am participating in yoga classes, health programs, workshops and/or other wellness, body work, therapy, exercise and healing arts activities (collectively, the "Activities") offered by "Integrated Care Concepts & Consultation" the ("Studio").
2. I recognize that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and I represent and warrant that I am physically fit enough to participate, and I have no medical condition which would prevent my full participation in the Activities. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have

www.integratedcareconcepts.com Phone: 732.389.0697 Fax: 732.389.0611

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taken the physician's advice. I understand that the Studio reserves the right to refuse my participation in any Activity on medical, fitness or any other grounds.

3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury.
4. In consideration of being permitted to participate in the Activities, 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 Activities at the Studio, including those which may result from the negligence of the Studio.
5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the Studio, its owners, managers, teachers, instructors, workshop presenters, employees, independent contractors and staff (each, a "Released Party") that I may sustain as a result of participating in the Activities at the Studio even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.

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6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

7. This agreement shall be construed in accordance with, and governed by, the laws of the State of NJ and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction. In case any provision of this agreement shall be held invalid, illegal or unenforceable, it shall not affect any other provision of this agreement and this agreement shall be construed as if such provision had never been contained herein.

I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this agreement, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against any Released Party.

Signature of participant: _____ Date: _____

If participant is under 18:

As legal guardian of _____ I consent to the above Release and Waiver of Liability

Signature of parent/guardian: _____

Date: _____