INNER LIGHT
STUDIO

Group Class Waiver & Release

I, _____ (print name), acknowledge my path to wellness through Inner Light Studio's mindful movement practices and understand the following with full awareness:

EXPERIENCE LEVEL

Please select your current level of mindful movement experience:

☐ AWAKENING I am new to mindful movement practices or returning after a long break.

I prefer gentle guidance and detailed instruction. I'm focused on learning proper form and building body awareness.

☐ FLOWING I have some experience with mindful movement. I'm comfortable with basic exercises and ready to build on my foundation. I understand proper form but appreciate alignment reminders.

☐ RADIANT I have consistent experience with mindful movement practices. I'm confident in my form and body awareness. I'm ready to explore more challenging variations while maintaining mindful presence.

☐ ENLIGHTENED I have extensive experience with mindful movement. I have a strong mind-body connection and practiced awareness. I'm comfortable with advanced movements and modifications.

MINDFUL ACKNOWLEDGMENT AND RELEASE

1. B*ody Awareness:* I understand that mindful movement involves deep connection with my body. I acknowledge my responsibility to remain present and aware during all exercises, honoring my body's signals and limitations.
2. P*ersonal Journey:* I recognize that each person's wellness path is unique. I take full responsibility for mindfully choosing my level of participation in any group class, making conscious modifications as needed for my wellbeing.
3. *Physical Awareness:* With full presence of mind, I acknowledge that physical activity carries inherent risks. I understand that even with mindful practice and proper guidance, the possibility of physical injury exists.
4. *Current Wellness:* I mindfully affirm that I have discussed any physical conditions, impairments, injuries, or illnesses that might affect my participation with my healthcare provider. I will inform the instructor of any relevant conditions before class.

HEALTH HISTORY

Please answer the following questions with mindful attention to your wellbeing. Check all that apply:

Medical Conditions: ☐ Heart condition ☐ High blood pressure ☐ Low blood pressure ☐ Diabetes ☐ Asthma/breathing difficulties ☐ Dizziness/vertigo ☐ Epilepsy/seizures ☐ Osteoporosis ☐ Pregnancy (current) ☐ Other medical conditions:

_____

Previous or Current Injuries: ☐ Back/spine ☐ Neck ☐ Shoulders ☐ Hips ☐ Knees ☐ Ankles ☐ Recent surgery (within past year) ☐ Other injuries or chronic pain:

_____

Please provide details for any checked items above:

Have you been cleared by your healthcare provider for exercise? ☐ Yes ☐ No ☐ Not applicable

5. *Medical Consultation:* I understand the importance of connecting with my healthcare provider regarding my ability to participate in physical activity. I accept responsibility for seeking such guidance as needed.

6. *Mindful Practice:* I agree to:

- Maintain awareness of my body's needs and limitations
- Follow the instructor's mindful guidance
- Communicate any concerns or discomfort
- Practice with respect for myself and others
- Stay present and focused during class

7. Release of Liability: With clear intention and understanding, I hereby release Inner Light Studio, its instructors, employees, and owners from any liability for injury or damages arising from my participation in group classes. This includes any injury occurring from proper or improper use of equipment or facilities.

8. Emergency Care: I grant permission for Inner Light Studio to obtain emergency medical treatment if needed, with the understanding that I am responsible for any associated costs.

9. Image Usage: I mindfully consent to the possible use of my image in photos or videos taken during class for promotional purposes, with the understanding that I can decline this specific permission while maintaining the rest of this agreement.

MINDFUL AGREEMENT

By signing below, I acknowledge that I have read this waiver with full attention and awareness. I understand and accept all terms and conditions. I participate voluntarily and assume all risks associated with my practice at Inner Light Studio.

Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

☐ I decline photo/video usage permission (check if you do not want your image used)

FOR GUESTS UNDER 18

As the parent/legal guardian of _____, I hereby consent to the above conditions on their behalf.

Parent/Guardian Name: _____

Signature: _____ Date: _____