



Meditation Sisters

Meditation Class Liability Waiver

I hereby agree to the following:

1. I am participating in classes or services during which I will receive information and instruction about meditation. I recognize that I may also choose to do physical movement, such as sitting, standing and walking meditation. I represent and warrant that I have no physical or mental health condition that would prevent my safe participation in meditation classes.
2. In consideration of being permitted to participate in the meditation classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program.
3. In further consideration of being permitted to participate in the meditation classes, I knowingly, voluntarily, and expressly waive any claim I may have against representative of **Meditation Sisters, LLC**, the class instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held at **Meditation Sisters, LLC**.

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.

Printed Name: _____

Signature: _____

Date: _____