



Informed Consent Release & Waiver Agreement, Page 1

Please note: All of the information you provide on this form is kept confidential.

Name & Email (Please print large & legibly): _____

Street Address / City / State / Zip code: _____

Best Phone number/Preferred method of contact? (Please circle): Voice Text Email

Emergency Contact Name / Phone: _____

If you have practiced yoga, meditation, or any other form of energy medicine before, which kinds, for how long and what level would you consider yourself? _____

Limitations/Injuries/Surgeries/Medical Conditions: _____

Any pain/numbness? (circle all that apply): Neck Upper / Mid / Low Back Shoulders Elbows Wrists Hands
Hips Knees Ankles Feet Vertigo Allergies: _____

How did you learn about Divine Energy Intervention?

Friend/Family FB IG Google Drive-by Other: _____

I agree (1) to waive all claims of any kind against Divine Energy Intervention, LLC. and any and all of the owners, employees, independent contractors, or agents of Divine Energy Intervention, LLC.; (2) to release any and all claims of any kind whatsoever that I may have against Divine Energy Intervention, LLC. or its owners, employees, independent contractors, or agents, whether caused by negligence or otherwise; and, (3) that neither I, my heirs, assigns nor legal representatives will sue or make any other claims of any kind whatsoever against Divine Energy Intervention, LLC. or its owners, employees, independent contractors, or agents. I understand that the claims waived and released in this paragraph include, but are not limited to, claims or lawsuits arising out of the risks described on the "Informed Consent Release & Waiver Agreement" form, and claims or lawsuits for personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Printed name: _____

Signature/Parent/Legal guardian: _____

Date: _____



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I, _____ understand that the class/healing arts service given by _____ whether at 7466 Auburn Rd, Suite B1, Concord, Ohio known as Divine Energy Intervention, LLC. or your location may involve information, instruction, natural "hands-on/off" healing modalities, incense or oil application/diffusion for the purpose of self-care, self-help, stress reduction and relaxation. I understand that *none* of the offerings at Divine Energy Intervention, LLC. are a substitute for medical or psychological examination, diagnosis or treatment.

I understand that all of the practitioners, instructors and staff at Divine Energy Intervention, LLC. do not diagnose conditions, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that some classes or services are not recommended under certain medical conditions and I agree that I should consult a licensed physician for any physical or psychological ailment I may have and before beginning any activity program. I understand that all of the offerings at Divine Energy Intervention, LLC. are complementary to any medical or psychological care I may be receiving.

I recognize that Yoga of any kind and some forms of Energy Medicine inevitably contain physically strenuous activities. I will be engaging in various postures and movements that may not be familiar to me and I agree that if at any time during my class or service, I feel discomfort, pain or strain, I will gently back out of my position or inform my teacher; I understand I may rest or take a break at any time. I understand it is imperative that I always listen to my body and respect its limits on any given day despite my previous experience. I affirm that I alone am responsible for deciding whether to participate in any class or service. I agree it is my responsibility to notify the teacher/practitioner of pregnancy, any serious illness or injury before every class or service. I understand participating in one-on-one services or group activities may present an increased risk of transmitting or contracting COVID-19 or other illnesses. I will not attend any classes or services if I am contagious or presenting symptoms of illness.

In the event that I become ill within 48 hours after my class or service, I agree to immediately contact my practitioner, instructor or other staff at Divine Energy Intervention, LLC. so that we may reach out to other patrons who may have been in contact with me during my participation in activities at Divine Energy Intervention, LLC.

By my voluntary participation and signing this form, I waive liability from Divine Energy Intervention, LLC. and all practitioners, instructors and staff for any classes or services received. I understand that payment of fees for classes or services rendered is an acknowledgement of my satisfaction with the services received. I agree to have a discussion with my practitioner/instructor if for any reason, I am not satisfied with my class or service.

I agree that I should not bring or leave personal valuables unattended and that Divine Energy Intervention, LLC., practitioners, instructors and staff are not responsible for the safekeeping of my belongings. I am voluntarily participating in the class or service with full knowledge of the risks involved, specifically that there may be risk of personal injury, property loss, or death. I accept that neither the teacher/practitioner, nor the hosting facility, are liable for any injury or damages, to person or property, resulting from attending a class or service at Divine Energy Intervention, LLC.

I agree that I have read and understand all of the information above, and being fully informed of the nature of the activities and services provided by Divine Energy Intervention, LLC., including those described above, accept to assume all risks involved. I understand that those under the age of consent require their parent or guardian to sign this form and attend all sessions.

Legibly printed name/email:

Signature/Parent/Guardian:

Date: