



16615 Redmond Way  
Redmond, WA 98052

#### LIABILITY

I am participating in physical activity at Discover Yoga Therapy and Physical Therapy which may include, but is not limited to Yoga. I recognize that any physical activity may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved in such activity, and assume full responsibility for these risks.

I knowingly, voluntarily and expressly waive any claim I may have against Discover Yoga Therapy and Physical Therapy for injury or damages that I may sustain as a result of participating in these activities.

Myself, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Discover Yoga Therapy, LLC owners, Discover Yoga Studio and its agents for any injury or death caused by any negligent act or omission.

I have read the above waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. Initials: \_\_\_\_\_

#### CANCELLATIONS AND SALES

We respectfully require at least *24 business hours notice* of session change or cancellation. Less than 24 hours notice will require payment in full of the lost session. By signing below, you authorize Discover Yoga Therapy to run your credit card or redeem a session of equal value from a package you have on credit at the time of your missed appointment. In the event that we do not have proper credit card information, you will be billed for any overdue payments.

Sessions will begin at the time agreed upon by the client and therapist or as regularly scheduled, and will last 55 minutes. Appointment times will end at the scheduled time regardless of what time clients arrive.

All sales are final. I understand that I am accountable for all classes I have registered for. Discover Yoga Therapy cannot hold space in class or allow make-ups on any no-shows, cancellations or illnesses. *Packages expire 90 days from date of purchase.*

I understand that I am responsible for keeping my account up to date and pre-paid. If I have not prepaid for a class, I recognize that I will be responsible for payment immediately, and I give Discover Yoga Therapy the right to charge my credit card for any un-paid sessions that I have attended.

I agree to be financially responsible for charges incurred from cancellations made less than 24 hours or for no shows. I authorize Discover Yoga Therapy to charge my credit card or redeem a session from my package in the event of a late cancellation or no show.

Initials: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_