

TRANSFORM WITH LOVE by Primavera Salvá

Liability Waiver

(This document must be signed and sent back to primavera@primaverasalva.com before the start of the program)

WAIVER & RELEASE OF LIABILITY - THIS AGREEMENT CONTAINS A WAIVER & RELEASE OF LIABILITY AND INDEMNITY AND UNDER WHICH YOU WILL BE WAIVING IMPORTANT LEGAL RIGHTS. PLEASE READ CAREFULLY AND SIGN.

This waiver and release agreement is intended to be as broad as is allowed under the applicable law and applies to any and all claims for damages.

I, _____ (your name), recognize that yoga, breathwork, movement exercises and meditation include physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of physical injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I may incur or sustain as a result of participating in the 21-day TRANSFORM WITH LOVE program (**The program**) led by Primavera Salvá.

The program including breathwork, movement exercises, meditation and detox meal plan are not a substitute for medical attention, examination, diagnosis or treatment. If you are presently taking any medications you must continue to take them as prescribed by your physician. This program is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical to participate in programs of this nature. In addition, I will make the instructor aware of any medical conditions or physical limitations before the start of this program. **If I am or suspect that I can be pregnant, become pregnant or I am post-natal or post-surgical.** I also affirm that I alone am responsible to decide whether to participate in this program is at my own risk.

There are certain serious conditions that require consistent blood levels of medications. Any change in diet can cause a change in your blood absorption, and an increase or decrease of the concentration of medicine in your blood as a result. **If you have an existing medical condition, are pregnant or suspect that can be pregnant, take ANY prescription medications, or suspect that you have a medical problem, promptly contact your health care provider before embarking on the Program**

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Primavera Salvá, Transform with Love and all affiliated parties, along with its owners, employees, instructors, representatives, agents and assignees, from any and all liability, responsibility, claims, causes of action, injuries, judgements or other damage of any nature whatsoever, including, but not limited to any personal injuries incurred by the undersigned patron/user, directly or indirectly resulting from participating in the above mentioned program and classes.

By signing this waver, I hereby state that I have received medical advice and obtained authorization from my physician to enroll in the program.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Name: _____

Date: _____

Address: _____

Email: _____

Signature: