

# MERULLI ACUPUNCTURE & WELLNESS

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## Agreement of Release and Waiver of Liability Form

1. I understand that I am participating in a yoga and fitness class, offered by Merulli Acupuncture & Wellness, Desiree Merulli, L.Ac., EAMP, LMP, RYT, starting on the date noted below.
2. I recognize that yoga and fitness classes require physical exertion, which may be strenuous and which may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga and fitness classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this endeavor.
4. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in this yoga and fitness class.
5. In further consideration of being permitted to participate, I knowingly, voluntarily and expressly waive any claim that I may have against Merulli Acupuncture & Wellness, Desiree Merulli, L.Ac., EAMP, LMP, RYT, its instructors and staff for any injury or damages that I may sustain as a result of participating in the program.

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.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Who referred you to this class? \_\_\_\_\_

Is there anything you'd like me to be aware of?