



**Atha Yoga & Psychotherapy**

Allison Miller, PhD

175 Water St., Suite 3, Exeter, NH 03833

Phone 978-358-1191 • Email [allison@athayogapsychotherapy.com](mailto:allison@athayogapsychotherapy.com)

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

For Allison Miller, Atha Yoga & Psychotherapy, & Temple Israel Portsmouth

In consideration of being permitted to participate in the Yoga class, I agree to the following:

I understand that Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga; I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain; I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur because of this practice. In further consideration of being permitted to participate in this class, I knowingly, voluntarily, and expressly waive any claim I may have against Allison Miller, Atha Yoga & Psychotherapy, or Temple Israel Portsmouth for injury or damages that I may sustain because of participating in the program. I, my heirs, or legal representatives, forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 during a yoga class may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the employees, volunteers, and program participants and their families. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with COVID-19 in my participation at this class.

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.

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

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



**Atha Yoga & Psychotherapy**

Allison Miller, PhD

175 Water St., Suite 3, Exeter, NH 03833

Phone 978-358-1191 • Email [allison@athayogapsychotherapy.com](mailto:allison@athayogapsychotherapy.com)