

**Yoga Workshops/Eating Disorder Programs
for Patients and Professionals
Consent and Policy Agreement**

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Fax No.: _____

Email Address: _____ Occupation: _____

Birth Date: _____ (mm/dd/yy) Emergency Contact: (Name, Phone and Relationship) _____

How did you hear about us? (please be as specific as possible) _____

Please Read the Following Statements Carefully

***You must agree to the following terms and conditions in order to participate
in the Yoga Workshops/Creative Arts/Eating Disorder (the “Yoga Workshops/Eating Disorder
Programs”)
offered by the Jump Start Consulting, LLC (“Jump Start Consulting, LLC”).***

I represent (i) that I am in good mental and physical health, (ii) that I have informed Jump Start Consulting, LLC of any physical or other conditions which may affect my ability to participate in the Yoga Workshops/Eating Disorder Programs, and (iii) I forever waive and release Jump Start Consulting, LLC from any claim that arises out of facts or circumstances that would have been known by Jump Start Consulting, LLC had I informed Jump Start Consulting, LLC of any physical or other conditions which may affect my ability to participate in the Yoga Workshops/Eating Disorder Programs. If there are changes in my personal health, I will promptly notify Jump Start Consulting, LLC of such change.

I understand that it is my responsibility to consult a physician prior to and regarding my participation in the Yoga Workshops/Eating Disorder Programs. If required by Jump Start Consulting, LLC, I have delivered physician consent to allow me to participate in the Yoga Workshops/Eating Disorder Programs.

Participation in the Yoga Workshops/Eating Disorder Programs is voluntary. I understand that there is no requirement to perform all the Yoga Workshops/Eating Disorder Programs exercises. I am free to discontinue participation at anytime.

I understand that I should not participate in the Yoga Workshops/Eating Disorder Programs when I am sick or otherwise not feeling well. During this Yoga Workshops/Eating Disorder Programs, I agree to limit my activity to that level which is comfortable for me and to stop all activity if I feel uncomfortable.

I will immediately inform the Yoga Workshops/Eating Disorder Programs supervisor if I experience any physical, mental or emotional discomfort during the Yoga Workshops/Eating Disorder Programs.

The Yoga Workshops/Eating Disorder Programs instructor is not a licensed medical professional and will therefore be unable to offer me medical treatment in the event of a mental or physical health emergency, even if the emergency occurs during a Yoga Workshops/Eating Disorder Programs. I am responsible for seeking treatment of my own physician or other health professional as appropriate under the circumstances and/or ceasing participation immediately if I feel my health, mental or physical, is at risk.

I understand that although regular Yoga practice may positively impact my health, the Yoga Workshops/Eating Disorder Programs requires physical exertion, which may be strenuous and may cause physical injury. I understand that during the Yoga Workshops/Eating Disorder Programs, the instructors may physically adjust me. I have been fully informed by Jump Start Consulting, LLC of the risks and hazards and I fully understand such risks and hazards involved in this Yoga Workshops/Eating Disorder Programs.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur while attending or participating in the Yoga Workshops/Eating Disorder Programs or while using, entering, or exiting Jump Start Consulting, LLC's facilities and premises. I have read and understand the Release of Liability (the "Release") attached and have signed the Release and have delivered the Release to Jump Start Consulting, LLC in exchange for allowing me to participate in the Yoga Workshops/Eating Disorder Programs.

I understand that there are no refunds or exchanges of any Jump Start Consulting, LLC program, including the Yoga Workshops/Eating Disorder Programs, for any reason, once I have enrolled in the program and have paid for the program by check, cash, money order or credit card. Jump Start Consulting, LLC will charge Yoga Workshops/Eating Disorder Programs participants a \$35.00 processing fee for all returned checks and any bank or other fees incurred as a result of a returned check. In addition, I agree not to dispute with my credit card company any charges that appear on my credit card statement that I made or agreed to for payments for Yoga Workshops/Eating Disorder Programs.

Optional: Please feel free to cross out the single paragraph below if you disagree:

I give permission to Jump Start Consulting, LLC to use photographs and/or testimonials that feature me or one of my family members and that are obtained during any Jump Start Consulting, LLC sponsored program or event. I acknowledge that Jump Start Consulting, LLC may share such photographs or testimonials with other program participants and/or use them as part of a public display, such as Jump Start Consulting, LLC's website, and/or newspaper, television, or radio advertisements.

I acknowledge that I have read this document in its entirety or, if I am unable to read the form, it has been read to me in its entirety. I have had an opportunity to ask questions, which have been answered to my satisfaction. I voluntarily consent to participate in the Yoga Workshops/Eating Disorder Programs and understand this entire 3 page waiver is applicable for this program and any other future programs through Jump Start Consulting, LLC

Signature

Print Name

Date

If Yoga Workshops/Eating Disorder Programs Participant Is Under 18 Years Of Age: As parent/guardian of _____ (the "Participant") who desires to participate in the Yoga Workshops/Eating Disorder Programs offered by Jump Start Consulting, LLC, I agree to the above terms and conditions for the benefit of Participant and on Participant's behalf.

RELEASE FROM LIABILITY

The undersigned has enrolled in the Yoga Workshops/Eating Disorder Programs (the “Yoga Workshops/Eating Disorder Programs”) offered by the Jump Start Consulting, LLC (“Jump Start Consulting, LLC”). The undersigned acknowledges that participation in the Yoga Workshops/Eating Disorder Programs is completely voluntary and the undersigned will not be penalized or negatively affected in any way should the undersigned choose not to participate in some or all aspects of the Yoga Workshops/Eating Disorder Programs.

FOR AND IN CONSIDERATION of the obligations, promises and covenants herein undertaken by the parties hereto, and for other good and valuable consideration, receipt and adequacy of which is hereby acknowledged by each of the said parties hereto, the undersigned hereby releases, remises, acquits and forever discharges Jump Start Consulting, LLC, the agents, attorneys, employees, heirs, executors, administrators, officers, directors, stockholders, parents, subsidiaries and affiliates, successors and assigns of Jump Start Consulting, LLC (“Jump Start Consulting, LLC Related Parties”), from all manner of action and causes of action, suits, chooses in action, contracts, covenants, claims, bonds, bills, debts, dues, sums of money, commissions, judgments, executions, damages, demands and rights whatsoever, in law or in equity, now existing or which may hereafter accrue against Jump Start Consulting, LLC or any of the Jump Start Consulting, LLC Related Parties, relating, in whole or in part, to the Yoga Workshops/Eating Disorder Programs, including but not limited to, attendance or participation in the Yoga Workshops/Eating Disorder Programs, the adjustments, treatment and services rendered during the Yoga Workshops/Eating Disorder Programs, or the use of Jump Start Consulting, LLC facilities, including exiting and entering the Jump Start Consulting, LLC premises (the “Released Matters”).

The undersigned hereby covenants that he or she will refrain from commencing any action or suit, or prosecuting any pending action or suit, in law or in equity, against Jump Start Consulting, LLC or any of the Jump Start Consulting, LLC Related Parties on account of any action or cause of action which now exists or which may hereafter accrue in his or her favor, in whole or in part, related to the Released Matters. In addition to any other liability, which shall accrue upon the breach of this covenant, the undersigned shall be liable to pay all reasonable attorneys’ fees and costs incurred by Jump Start Consulting, LLC or the Jump Start Consulting, LLC Released Parties hereto in the defense of such action or suit.

This Release From Liability is freely and voluntarily given by the undersigned, without any duress or coercion, and after the undersigned has consulted with his or her counsel, or been given an opportunity to do so, and the undersigned has carefully and completely read all of the terms and provisions of this Release From Liability.

WITNESS our hands effective this ____ day of _____, 200_.

Signature

Print Name

Date

If Yoga Workshops/Eating Disorder Programs Participant Is Under 18 Years Of Age: As parent/guardian of _____ (the “Participant”) who desires to participate in the Yoga Workshops/Eating Disorder Programs offered by Jump Start Consulting, LLC, I agree to the above terms and conditions for the benefit of Participant and on Participant’s behalf.