



physical therapy

YOGA LIABILITY WAIVER

DATE: _____

I, _____, release **Mosaic Physical Therapy** and **Instructor Lori Rubenstein Fazio** from any responsibility and/or liability concerning the application, processing, and/or consequences of the yoga service I elected to receive. I consent to have yoga services of my choice applied.

I release and hold **Mosaic Physical Therapy and Lori Rubenstein Fazio**, its employees and its agents harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical and/or psychological) that I might incur as a result of the service provided today. I understand that additional treatments may be recommended and/or necessary for maintenance.

Client: _____
Signature Print Name

Instructor: _____
Signature Print Name