



Be. Yoga Studio and Group Waiver General Public and Waiver Programs

Be. // Center for Holistic Mental Health and Healing, LLC; Be. You | Yoga Studio; and Be. Uplifted Suite Release and New Student Form

Please take a moment to read carefully and completely fill out this form.

Please bring to your first session or email to be@beholisticcenter.com with subject line: YOGA RELEASE

Release of Liability. In signing below, I agree that Carey Sorenson owner and operator of Be. // A Center for Holistic Mental Health and Healing, LLC, and Be. // Child and Adolescent Mental Health, LLC or any affiliate or employee will not be held liable for the safekeeping of my (or my child's) belongings when I (they/them) attend class. I represent and warrant that I am (or my child) in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered at Be. Yoga Studio or Be. Uplifted Suite. I understand that it is my responsibility to consult with a physician prior to and regarding my (or my child's) participation in any of the yoga or Aerial classes, movement or somatic sessions, specialty groups, programs, classes, or workshops at Be. I (we) understand the risks associated with the activities offered by Be., and I (or my child) agree(s) to follow all instructions so that I may safely participate in classes, workshops, events, or other activities. I further understand that unless otherwise specified the individual sessions and/or group offerings I (or my child) partake in are not intended to diagnose and/or treat but rather are to serve as an adjunct support to my (their) process.

I hereby WAIVE AND RELEASE Be. // A Center for Holistic Mental Health and Healing, LLC, its owners, affiliates, employees, and independent contractors from any claim, demand, cause of action of any kind resulting from or related to my (my child's) participation in the programs, specialty groups, classes, individual offerings offered at the facility. In taking part in the yoga classes, individual yoga therapy sessions, individual or group offerings, somatic and movement groups, talk/process groups/sessions, Aerial classes, events, workshops, or other activities at Be., I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my (or my child's) participation in the classes, workshops, or other activities. I expressly and voluntarily assume any and all risks associated with participation in classes, any medical or physical reactions that develop from ingesting any material, food, or drink, and any medical or physical reactions from use of essential oils. I understand that there are risks inherent in ingesting items or using items topically, including but not limited to, burns, choking, food allergy reactions and other accidents and injuries that may arise from ingesting, using topically, or from environmental contact. I also understand that yoga classes, movement classes, and aerial yoga classes/sessions may be physically strenuous and I (or my child) voluntarily participate(s) in them with full knowledge that there is a risk of personal injury, property loss, and/or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Be. // A Center for Holistic Mental Health and Healing, LLC, Be. // Child and Adolescent Mental Health, LLC, or Carey Sorenson or any of their affiliates, employees, or Independent Contractors for any personal injury, property damage/loss, and/or wrongful death, whether caused by negligence or otherwise. I further affirm by signing that I understand that Be.'s group or individual sessions, unless otherwise specified, are not intended to diagnose or treat, but rather provide adjunct support. Be.'s groups, unless otherwise specified, are open group formats which means we welcome new participants each week and that the group members may change each session. With that, we do ask that no matter how long you or your child attends that each participant respects the nature and sensitivity of the information that may be shared by upholding and respecting the confidentiality of the other members' information.

Participant Information

Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

Phone Number: _____

Email: _____

Parent or Guardian Name (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Special Considerations
or Limitations

Ideal Expectations

Past Considerations

Waiver Services (ie, CLTS, IRIS, etc)

Will you use waiver services for fees associated? Yes No

If so, what waiver services (CLTS, IRIS, etc): _____ County: _____

Child's Name on Waiver: _____

Case Provider Name: _____

Case Provider Email: _____

Do we have permission to contact on your child's behalf to obtain pre authorization and service approval?: Yes No N/A

Please list any siblings that also may access services through waiver support

By typing your name or adding your signature and date below, you are eSigning this form, and acknowledging you understand the terms of this Release of Liability.

Client Name: _____

Date: _____

Media release: Do you agree that Be. can take and use any photos or videos during offerings for advertising and marketing purposes? Yes No

May we email you notice about workshops/retreats, special events, new groups, speciality offerings, etc.? Yes No