



Yoga Therapy/Classes/Group Agreement and Liability Release

I hereby acknowledge that I have been advised to consult with a physician if I am participating in yoga therapy workshops/classes/individual sessions.

I, the above named and undersigned, acknowledge that I have voluntarily chosen and requested to participate in the yoga therapy program, meditation classes and/or workshops with Dr. Paul as part of PRA Behavioral LLC. I understand that I may discontinue participation at any time.

I am aware that I am participating in yoga and meditation classes/workshops, and/or individual sessions, including home exercise protocols, offered by Janeen H. Paul, MD, during which I will receive information and instruction about yoga, meditation and health. I acknowledge that I am fully aware of the risks and hazards involved, which include, physical and/or emotional injury. I agree to take full responsibility for my actions, and any injury that I may incur.

In consideration for being permitted to participate in yoga therapy/classes or workshops, I agree that I, my heirs, assignees, guardians and legal representatives will not make any claim against, sue or attach the property of PRA Behavioral, its employees, partners or other clinicians for injury or damage resulting from my participation in these activities.

Consultation or treatment with Dr. Paul: I understand that all efforts to bill my insurance company for appropriate services will be made however due to the nature of the treatment, some psychiatric codes may not be appropriate to bill or my insurance company may not cover this treatment if it should conflict with other treatment I may be receiving. If insurance will not cover the yoga therapy then I understand I will be responsible for 100% of the bill.

Yoga and Meditation Workshops/Classes: I acknowledge this activity is for relaxation purposes only, and is not considered a medical recommendation or treatment. Attendance in this class is not covered by insurance, and I will be responsible for all class fees. Participation in this activity does not imply or establish a treatment relationship with Dr. Paul or PRA Behavioral.

I acknowledge that attending workshops/classes/individual sessions with Dr. Paul does not certify me to teach other individuals yoga or meditation, but only to use them as a therapeutic modality for myself.

I acknowledge that I may receive works of authorship by Dr. Paul resulting from my participation in or attendance of classes/workshops/individual sessions. I acknowledge these works, including written or audio materials, are the exclusive intellectual property of Dr. Paul. I agree not to copy them, distribute them or copies of them or prepare derivatives from them.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to classes/workshops/individual sessions with Dr. Paul as part of PRA Behavioral LLC.

Patient PRINTED Name

Date

Patient Signature

Witness