

FOUNDATIONS OF MINDFULNESS MEDITATION
INTAKE FORM

NAME OF PARTICIPANT _____

CELL PHONE # _____

EMERGENCY CONTACT
NAME AND CELL #. _____

MEDITATION HAS MANY BENEFITS: HELPING WITH CONCENTRATION, REDUCING
STRESS, PROMOTING RELAXATION TO NAME A FEW, WHAT WOULD YOU LIKE TO
GET OUT OF THIS COURSE? _____

MEDITATION CLASS LIABILITY WAIVER

I Hereby agree to the following:

1. I am participating in classes or services during which I will receive information and instruction about meditation. I recognize that I may also choose to do physical movement, such as sitting, standing and walking meditation. I represent and warrant that I have no physical or mental health condition that would prevent my safe participation in meditation classes.

2. In consideration of being permitted to participate in meditation classes, I agree to assume responsibility for any risks, injuries or damages, known and unknown which I might incur as a result of participating in the program.

3. In further consideration of being permitted to participate in the meditation classes, I knowingly, voluntarily, and expressly waive any claim I may have against Noreen T Gelinas for injuries or damages that I may sustain as a result of participating in classes or workshops held by Noreen T Gelinas.

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.

Printed Name: _____

Signature: _____

Date: _____