



Linda Crossley, MBA, MA, LMFT, E-RYT 500 (LMFT93390)  
Holistic Psychotherapist & CLARITY Direct Neurofeedback®  
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### Client Information & Liability Release Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*Email: \_\_\_\_\_ (\*To join our community and receive a monthly e-newsletter with intention-setting ideas for holistic health, please provide your email address.)

#### ACKNOWLEDGEMENT

\_\_\_\_\_ (Initial) I hereby release Linda Crossley, Sanctuary for Compassion and Connection, and all guest teachers, affiliates, and/or agents of Sanctuary for Compassion and Connection from any liability or responsibility having to do with my personal health and physical safety from taking part in any yoga class.

#### ASSUMPTION OF RISK

\_\_\_\_\_ (Initial) I am aware that my participation in yoga classes with “Sanctuary for Compassion and Connection” may be hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this entire document.

#### LEGAL LIABILITY RELEASE

As consideration for being permitted to participate in Sanctuary for Compassion and Connection yoga classes, whether in-person or virtually online, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of affiliates of Linda Crossley, Sanctuary for Compassion and Connection, and all Sanctuary for Compassion and Connection guest teachers, affiliates, and/or agents for injury or damage resulting from my participation in any class, workshop, or activity. I hereby release the Linda Crossley, Sanctuary for Compassion and Connection, and all Sanctuary for Compassion and Connection guest teachers, affiliates, and/or agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in ANY offerings of Sanctuary for Compassion and Connection and for all claims, injury damages or liability suffered by me in connection with my yoga classes. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician.

This agreement shall be construed in accordance with, and governed by, the laws of the State of California and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in Orange County.

**I acknowledge that I have carefully read this entire agreement and fully understand its contents. I am aware and agree that it is a complete release of liability voluntarily assumed for my participation in all activities with “Sanctuary for Compassion and Connection”.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_