

CONSENT TO SERVICES

I, _____, understand that TSW Services (as defined below) are provided by Third Space Wellness, LLC (“TSW”) staff and/or affiliated practitioners (“Teachers”). I understand that this agreement covers the Teacher who teaches me and any Teachers associated with TSW who may provide my classes and instruction in the future.

I hereby give my consent to participate in the following TSW Services:

Yoga

Breathing techniques, meditation, and the physical practice of instructed yoga poses, with optional touching or positioning of the body by the teacher.

If I *do not* wish to be touched, I will initial the consent here to notify the teacher, so that a joint decision can be made about where it is appropriate to continue the practice with that limitation (_____).

Potential Risks: I understand that, while not common, side effects can potentially occur from yoga. Some examples include, but are not limited to: acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, lightheadedness and/or dizziness which could cause slip and fall, delayed onset muscle soreness, more chronic conditions such as tendonitis, and other discomforts.

Pilates

Breathing techniques, articulation of the spine, recruitment of muscles around the core/spine, and the physical practice of instructed Pilates movements poses, with optional touching or positioning of the body by the teacher.

If I do not wish to be touched, I will initial the consent here to notify the teacher, so that a joint decision can be made about where it is appropriate to continue the practice with that limitation (_____).

Potential Risks: I understand that, while not common, side effects can potentially occur from Pilates. Some examples include, but are not limited to: acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, lightheadedness and/or dizziness which could cause slip and fall, delayed onset muscle soreness, more chronic conditions such as tendonitis, and other discomforts.

Medical Treatment: Our Teachers are not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. I understand that if I am currently under a physician’s care, I should continue as long as my physician and I deem it necessary. It is my responsibility to consult with my physician before altering any prescribed medications or treatments. I understand also that if there is an emergency, or a worsening of my health condition, or if a new condition arises, that I should consult a licensed physician.

Voluntary: I hereby request and consent to participate in yoga classes and/or private yoga. I have not been guaranteed any specific outcomes concerning the uses and effects of any TSW Service. I understand that I am free to discontinue any TSW Service at any time. I voluntarily assume all risks inherent in the nature of each of the TSW Services. I waive all claims, costs, liabilities, expenses and judgments against TSW and release TSW and its members, officers, agents, representatives, and employees from all claims, costs, liabilities, expenses, and judgments arising out of the TSW Service.

In-home visits: I understand that Third Space Wellness is not responsible for “slip and fall” circumstances when providing in-home services, and thus I am responsible for “slip and fall”

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circumstances that occur during an in-home visit.

By voluntarily signing below, I confirm that I have read, or have had read to me, and understand the above Consent to Services, have been told about and understand the risks of each of the TSW Service, and have had an opportunity to ask questions and have received satisfactory explanations. I understand that I can request more information at any time if desired. I understand that I have the right to refuse or discontinue any service any time and that this refusal may affect the expected results I am seeking. I intend this consent form to cover the entire course of treatment for my present condition and/or my current wellness goals, as well as for any future condition(s) and/or goals for which I seek these services.

PLEASE PRINT:

Print Client Name Client Birth Date

Street Address City, State and Zip Code

Email Address Preferred Phone Number

Emergency Contact Name Emergency Contact Phone Number

Signature (or parent or guardian signature if client is a minor) Today's Date

Please exclude me from your e-mail newsletter list.