

Please review, complete and sign both the Intake Screening Form and the Release and Waiver of Liability form. Once completed, please scan, or take a photo and email forms to judith@therapy4mbs.com.

Thank you.

I look forward to guiding you along your journey!

Many blessings,

Judith

Intake Screening Form

- I am aware and in agreement that this service:
 - Is for those who already feel highly functional
 - Is not “psychotherapy” in nature and is not held under Judith Snyder’s license in Professional Counseling
 - Does not include diagnosing or working directly with trauma or *pathology*
 - Does not focus on the past, the injury, or treatment of the injury
- I am aware and in agreement that if I experience symptom(s) beyond the scope of the service offered, I will be referred by Judith to a professional for therapeutic support.

Signature: _____ Date: _____



Name: _____

Phone: _____ Email: _____

Release and Waiver of Liability

Although sacred movement/yoga is known for its wide array of benefits, it complements, not substitutes, medical and mental health care and treatment. Sacred movement/yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery, serious mental illness). Participant assumes the risk of sacred movement/yoga practice and releases the teacher from any liability claims.

I, _____, am participating in session(s) that include a sacred movement/yoga practice with Judith Snyder. I am aware of the risks involved with this form of practice and understand it is my personal responsibility to consult with my professional provider regarding my participation. I do not have any medical, mental, or emotional condition which would prevent my taking part in sacred movement/yoga session(s), and I assume responsibility for any risk or injury that I may sustain as a result of my participation.

I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Signature: _____ Date: _____