

Jenny Hayo, Wiseheart Yoga Counseling Agreement

I, _____ understand that Jenny Hayo and Wiseheart Yoga are not licensed in the United States to diagnose or treat medical conditions. I have been advised and agree that if I believe that I may suffer from a medical condition, I will consult a medical doctor immediately. I am aware that I am responsible for my own healing, health and well being. I understand that the practices and counseling provided by Jenny Hayo are rooted in the holistic healing arts combining the ancient science of Yoga and Buddhism with contemporary mind/body psychology. Therefore, a therapeutic session can include touch, assisted yoga postures, meditation and client centered dialogue. I understand that Jenny Hayo is not a substitute for mental health treatment.

Jenny has informed me and I understand that no guarantee or promises of cures have or will be made to me and that any benefits which I experience come from within my own awareness and self-knowledge. Therefore, I agree to hold harmless Jenny Hayo from any and all claims, lawsuits, costs, expenses, or liability of any kind for injury or damage resulting from negligence or other acts, arising from or relating to my education or participation in consultation with Jenny Hayo.

I agree that once I have scheduled an appointment, I will give Jenny at least 24 hours notice if I need to cancel for any reason. If I am unable to give 24 hours notice, I agree to pay the full amount of the session I had scheduled with Jenny Hayo at a rate of _\$115_____ .

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF ALL CLAIMS AND LIABILITY AND A CONTRACT BETWEEN **Jenny Hayo** AND MYSELF AND SIGN IT KNOWINGLY OF MY OWN FREE WILL.

signature _____ date _____