

Pranic Traditions Inc.
WAIVER, CONSENT & DISCLAIMER

I hereby consent and agree to the following:

1. I consent to participating in this class/course/workshop/program/wellness session (any costs of which to attend will be paid in full by me), with Diandra Persaud ("DP") and Pranic Traditions ("PT").
2. I understand and agree that the information and/or instruction of all services provided such as, but not limited to, education, guidance, coaching, light work/energy healing, product offerings, classes, courses and workshops and/or posted information on social media platforms and websites facilitated by DP and PT is to be used for educational purposes only and not intended to diagnose, treat or cure any physical, spiritual or mental health conditions.
3. I represent and warrant that I have no physical, spiritual or mental health condition(s) that would prevent me from safely participating in any of the services listed in section 2 above. I understand and agree that DP and PT is not acting as a counsellor, psychic, therapist or medical professional in any capacity within/throughout any of the services listed in section 2 above.
4. By signing this Waiver, Consent and Disclaimer form, I acknowledge that I am of sound mind and in proper physical and mental condition to participate in any of the services listed in section 2 above. I understand and agree that I will not use any of the services provided by DP and PT in place of any professional health care.
5. I understand that the meditations and other classes facilitated by DP and PT utilize open flames and the burning of natural fibres, sage or incense with said open flames, throughout the course of the workshop. By participating in these workshops, I confirm that I assume all risks associated with the use of open flames, candles and controlled fire, and am participating at my own risk.
6. By participating in any services listed in section 2 above, I assume all risks, and take full responsibility for any unforeseeable mental, emotional, spiritual or physical challenge or medical disease I may have / unknowingly have or develop in the future, regardless of the timing associated with my attendance or participation in any of the services listed in section 2 above.
7. I waive the right to make any claims of personal injury, disability, sickness, loss or damage to person or property inherent in, and/or in any way connected with participating in any of the services listed in section 2 above as provided by DP and PT.
8. I expressly waive any claim I may have against DP, PT, its representatives, employees, successors, heirs or assigns, and/or the venue or event holder, Crystal Bliss Inc., and its representatives, employees, successors, heirs or assigns, with respect to any injuries, lost articles, or damage that I may sustain as a result of participating in any of the services listed in section 2 above, held at Crystal Bliss Inc.
9. I expressly agree and understand that this Waiver, Consent & Disclaimer is intended to be a complete unconditional release of liability against DP and PT and assumption of risk by me to the greatest extent permitted by law. By signing in the space provided below, I knowingly, voluntarily, and intelligently assume these risks and agree to irrevocably release, indemnify, hold harmless and defend DP and PT from and against any and all claims of any kind, including, but not limited to, financial, personal, emotional, psychological, medical or otherwise that I may incur at any time in connection with my participation in any of the services listed in section 2 above.

I have read the above and fully understand and agree to the terms and conditions within.

Date: _____ **Witness Name:** _____ **Witness Signature:** _____

Print Name: _____ **Signature (or Parent / Guardian Signature)** _____

Email: _____ **Tel:** _____

I agree to receive electronic communications about upcoming classes, specials and general information from DP and PT from time to time