

**ONE  
LESS  
WORRY**

MINDFULINJURYLAW.COM

**Law Offices of Chadwick J. Johnson**

Personal Injury / Wrongful Death

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## Mindfulness Workshop Registration/Waiver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Contact in Case of Emergency (Name & Number): \_\_\_\_\_

Please tell me a little about yourself. Briefly describe the major stressors, worries or concerns in your life (i.e. What brings you to the mindfulness workshop session at this time?):

Please list the specific changes that you hope will come as a result of this course. Do you have anxiety, depression, a mental illness or active drug/alcohol dependency? If so, please describe and list the professional that is caring for you and their phone number.

I understand that:

I am participating in classes or services during which I will receive information and instruction about meditation. I recognize that I may also choose to do physical movement, such as sitting, standing and walking meditation. I represent and warrant that I have no physical or mental health condition that would prevent my safe participation in meditation classes.

In consideration of being permitted to participate in the meditation classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program. Such risks include, but are not limited to, risk of slip, trip, fall, personal injury, and health problems, such as cardiac arrest or stroke, any of which could result in serious bodily injury or death, and I willingly and knowingly assume those risks. I knowingly and voluntarily release and hold harmless, for myself and my heirs, Chadwick J. Johnson, along with the Law Offices of Chadwick J. Johnson, its owners, officers members, agents, employees and insurers, from any claim, liability, demand, action and cause of action whatsoever. I further agree to indemnify Chadwick J. Johnson, the Law Offices of Chadwick J. Johnson, and the insurers against any claim, liability demand, action, cost, damages and expenses to which they are or may be liable.

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

Printed Name: \_\_\_\_\_

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

If participant is under 18 years of age:

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_