

# ***Mountain Light Healing, LLC***

*Integrative Energy-Medicine Practices* ▪ *Compassionate Whole-Health Solutions*

**Verena S. Vomastic, PhD**

**1235 Lake Plaza Drive #127, Colorado Springs, CO 80906 ▪ Phone/Text: (719) 648-5234**

**Email: [V2@MountainLightHealing.com](mailto:V2@MountainLightHealing.com) ▪ [www.MountainLightHealing.com](http://www.MountainLightHealing.com)**

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## **RELEASE AND AGREEMENT TO PARTICIPATE IN GENTLE ENERGY MEDICINE (GEM) YOGA WORKSHOPS**

**Welcome** and thank you for your interest in participating in Gentle Energy Medicine (GEM) Yoga (“GEM Yoga”) workshops facilitated by Verena Vomastic (“Facilitator”), a Registered Yoga Teacher (RYT 200®) with specialized training in trauma-sensitive yoga through the YogaFit® Warriors program and certified Advanced Practitioner of Eden Energy Medicine. As a Complementary and Alternative Healthcare Practitioner, the Facilitator is not licensed, certified, or registered by the State of Colorado as a Healthcare Professional. However, she is covered by Professional and General Liability Insurance applicable to any injury caused by an act or omission in providing the complementary and alternative healthcare services offered.

GEM Yoga is a fusion of gentle Hatha yoga practices (such as conscious breathing, simple movements/poses, and relaxing meditations) and proven energy-medicine self-help techniques primarily from the work of Donna Eden. It is aimed at releasing stress, tension, and negative emotions; being present in the body; enhancing focus and concentration; building and strengthening trust and confidence; and nourishing and revitalizing mind, body, and spirit.

Yoga and Eden Energy Medicine are considered part of the broader field of energy medicine, which is a collective term used to refer to a variety of approaches and techniques involving subtle energy fields. These subtle fields are believed to connect into the physical body through various subtle energy systems, such as the acupuncture meridians and the chakras. Energy medicine focuses on resolving imbalances in the body’s subtle energy systems and fields, with the goal of boosting health, resilience, and vitality.

**Recognizing that each person has different physical and psychological histories, needs, and limitations that may change from day to day, you agree to accept responsibility for doing only those movements that feel safe, wise, and unforced, and to discontinue or refrain from any stretch, posture, or movement that causes you discomfort or pain.**

Please list any Physical/Medical Conditions (to include, but not limited to recent and relevant surgeries, injuries, medications, symptoms, and pregnancy) which might affect your GEM Yoga experience:

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You represent that you are freely choosing to participate in GEM Yoga workshops, fully acknowledging that your participation is strictly voluntary and at your own risk. For good and valuable consideration, you agree to forever fully release, indemnify, and hold harmless Mountain Light Healing, its owners, employees, officers, agents, promoters, independent contractors, consultants, volunteers, and others associated with Mountain Light Healing from any and all claims or liability of whatsoever kind or nature, and for any damage or injury, including but not limited to, personal, financial, physical, emotional, psychological or otherwise, which you might incur as a result of your voluntary decision to participate in GEM Yoga workshops.

By participating in GEM Yoga workshops you acknowledge that you have carefully and completely read and fully understand all aspects of this Agreement and you consent to all of the terms and conditions stated herein. You also agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law and that, if any portion hereof is held invalid, it is agreed that the balance of this Agreement shall continue in full force and effect. This Agreement shall be binding upon you and your heirs, legal representatives, and assigns.

You represent that you are an adult under the laws of the state of your residence and you have the right to enter into this Agreement and are competent and able to understand the nature and consequences of participating in GEM Yoga workshops. By signing in the space provided below, you accept and agree to all of the foregoing terms and conditions of this Agreement.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**YOUR CONTACT INFORMATION**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (optional): \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MAILING LIST/MEETUP GROUP (*Colorado Holistic/Alternative Medicine Community*)**

Would you like to receive updates on future events? Yes \_\_\_\_\_ No \_\_\_\_\_