

Informed Consent for Yuan Qigong

Yuan Qigong is a form of Qigong and is a subsystem of REN XUE that seeks to recognize the root causes of symptoms or disease. It is a comprehensive system, which cultivates life as a whole, addressing the imbalances or blockages of Qi (energy) that contribute to illness and problems in life. Yuan Qigong is an alternative healthcare method that uses the mind, breath, and body to effect continuous positive changes to Qi, with the aim of improving health and elevating the consciousness. The goal of Yuan Qigong practice is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself and uplift the whole of life.

Please read the following carefully and if in agreement, sign the form.

I, the undersigned, am aware that Yuan Qigong is considered an alternative modality for health and wellbeing and is not licensed by the state of New Zealand. It is my own choice and decision to learn and practice Yuan Qigong.

Isabelle Ferré is a certified Yuan Qigong teacher trained under REN XUE International. She is not a licensed physician. She provides Yuan Qigong classes and workshops designed to assist clients in maintaining physical, emotional, mental, and spiritual well-being. Her other qualifications include a Masters in Osteopathy and is certified in Havening Techniques. In practicing Yuan Qigong Isabelle Ferré is not acting as your doctor and seeks to support rather than replace the care of your existing physician or other health professional.

I, the undersigned, am aware that Yuan Qigong is considered a safe, effective, and efficient alternative modality for health and wellbeing, but it also has its limitations. To my best knowledge, I have no medical condition that would prevent me from taking part in Yuan Qigong classes/workshops, and I assume all responsibility for any risk or injury I may sustain as a result of my participation. I understand that Yuan Qigong is not a substitute for medical attention, examination, diagnosis, or treatment. I accept it is my personal responsibility to consult with my doctor regarding my condition or any medical concerns I may have.

I am aware that there may be some physical risks involved with strenuous exercise. In case my condition requires advice from a medical doctor, I am aware that I should consult a physician prior to beginning any activity program.

As part of the health and safety plan I understand that I am not to come to class in person if I have flu like symptoms or feel unwell.

I have read, fully understand, and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law. I acknowledge that I have been provided with a copy of this Agreement.

If the client is a minor, the undersigned parent/guardian of the client hereby consents to this Agreement.

Name

Signature.....

Date/...../..... (day / month / year)