

## ☐ **Temple of Lilith: Digital Consent & Waiver Form**

### **For Participation in Lilithian Shakti: Yoga, Dance, and Somatic Healing**

Led by Priestess Maggie Moon

**Full Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number (optional):** \_\_\_\_\_

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### ☐ **PARTICIPANT ACKNOWLEDGEMENTS**

By signing this form, I acknowledge and agree to the following:

☐ I understand that *Lilithian Shakti: Yoga, Dance, and Somatic Healing* is a spiritual, energetic, and somatic movement practice. It is not a substitute for medical advice, diagnosis, or clinical therapy.

☐ I affirm that I am in adequate physical, emotional, and psychological condition to participate in gentle to vigorous movement, breathwork, and guided self-inquiry. If I have any medical or mental health concerns, I have consulted (or will consult) a licensed healthcare provider before participating.

☐ I understand that these practices may stir strong emotions, memories, or energetic releases. I agree to take full responsibility for my emotional, physical, and spiritual experience.

☐ I understand that I am not required to do anything that feels unsafe or uncomfortable. All movements and invitations offered in class are optional. I may rest, modify, or stop participation at any time.

☐ I acknowledge that the facilitator is not liable for any injury, discomfort, or emotional response that may arise from participation in this class, and that I enter this space voluntarily and at my own risk.

☐ I understand that no recordings, screenshots, or redistribution of class material is permitted without explicit written consent from the facilitator.

☐ I understand that all content, including guided rituals, movement sequences, and spiritual transmissions, are the intellectual and spiritual property of **Priestess Maggie Moon and the Temple of Lilith**.

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☐ **DIGITAL CONSENT**

I have read, understood, and agree to the above statements. I voluntarily choose to participate in the offerings of **Lilithian Shakti: Yoga, Dance, and Somatic Healing** and release the facilitator from any and all liability associated with my participation.

**Digital Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_