

## Yoga Informed Consent

We are delighted to have you as a yoga student. The following information will help you get the most out of your yoga classes. Please read and sign below.

Yoga is much more than physical exercise; it is a transformational practice that integrates body, mind, and spirit. Yoga is a way of encountering and releasing physical, mental, and emotional tensions to arrive at deeper levels of relaxation and awareness.

All exercise programs involve a risk of injury. By choosing to participate in our yoga classes you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury.

Listen to and follow instructions carefully.

Breathe smoothly and continuously as you move and stretch.

Do not hold your breath or strain to attain any position.

Work gently, respecting your body's abilities and limitations.

Don't perform postures or movements that are painful.

Ask your instructor if you are unsure how to perform a certain movement.

Menstruating women should not practice inverted postures.

Pregnant women must consult their health care provider before enrolling in class.

It is always advisable to consult your physician before embarking on any exercise program. Please inform your instructor of any health condition that could be affected by your practice of yoga. If you are unsure about a condition, feel free to speak with our yoga instructor.

Awareness is fundamental to the practice of yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. You are primarily responsible for your safety and well-being.

Jessica Kolleda and Touch of Health Chiropractic are responsible for providing competent yoga instruction, but not for ensuring the safety of students beyond providing competent instruction. By signing this form, you hereby release Jessica Kolleda and Touch of Health Chiropractic from any and all liability for injuries that are not directly and proximately caused by professional negligence.

I have read, understand and agree to the content of this Yoga Informed Consent Form:

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_