

Yoga Sanctuary

Professional Disclosure Form & Release

I am delighted to have you as a Yoga student. The following information will help you get the most out of your Yoga classes and clarify my role as a Yoga teacher. Please read and sign below.

All exercise programs involve a risk of injury. By choosing to participate in my 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 my 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 limits.
- Don't perform postures or movements that are painful.
- Ask me if you are unsure how to practice a certain movement.
- Menstruating women should not practice inverted postures.
- Pregnant women must consult their health care provider before enrolling in class.
- You must notify me of any physical limitations or medical concerns; all are encouraged to consult their physician.

1) It is always advisable to consult your physician before embarking on any exercise program. If you are unsure of a condition, please speak with me.

2) 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. Though I am your teacher, you remain primarily responsible for your own safety and well-being. ***Listen to the wisdom of your body.***

3) I am responsible for providing competent Yoga instruction. I am not responsible for ensuring the safety of my students beyond providing competent instruction. By signing this form, you hereby release your instructor and Yoga Sanctuary from any and all liability for injuries that are not directly and proximately caused by my professional negligence.

Please describe any prior or current physical health conditions or concerns:

Please indicate any previous experience you have had in the practice of Yoga:

I have read, understand and agree to the content of this Professional Disclosure Form and Release.

Signature & Date

Please print your name legibly