

Rosebud Yoga Studio, LLC. Informed Consent and Release

Our yoga trainings and workshops are considered low risk physical activity, utilizing props for support and with a focus on body awareness. The teacher's responsibility is to use her/his knowledge and training to deliver safe instruction and advice. However there are many factors that influence yoga's effect on an individual that depend on states of health and fitness.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (mobile): _____ (home): _____

E-MAIL: _____ BIRTHDATE: _____

EMERGENCY CONTACT: (Name) _____ (phone) _____

REFERRAL: _____ HOW DID YOU HEAR ABOUT US? _____

In respect to your privacy, *Rosebud Yoga Studio, LLC* will never give you contact information out.

Please note the following to maximize your safety and experience in class:

1. Have you been diagnosed with Fibromyalgia? ____ If yes, Please let the teacher know at the start of your program. Sometimes students with Fibromyalgia get a lot of opening during class – so much so that it is difficult for them to keep that opening and then later that day or the next the don't feel well. We generally recommend not having adjustments if you have Fibromyalgia so do let your teacher know that you would prefer not to have an adjustment if she/he asks you if you'd like one.
2. Do you have high blood pressure, detached retina or glaucoma? ____ If yes, Please remind your teacher of this condition before every class and / or follow any directions she/he gives regarding modifications for your specific conditions(s) during class. Most importantly, listen to your body and if you have pain, let the teacher know – she/he can help.
3. Do you have a recent injury or surgery? ____ Specify _____
How long ago? _____ Please get you doctor's approval if you have had any injury or surgery before participating in class.
4. Are you pregnant? ____ **Women in their first trimester may not** take *Svaroopa*® yoga unless they have been practicing this style of yoga prior to becoming pregnant. Prior to class, let your teacher know whether you are pregnant and how far along in your pregnancy you are.
5. Have you had an organ transplant? ____ If Yes, we regret that this is not an appropriate style of yoga for you. **You should not participate in any of our classes, workshops or trainings.**
6. Other Medical Concerns: _____

(OVER)

I, _____ (print name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction and relief of muscular tensions. As is the case with any physical activity, the risk of injury, even serious or disabling injury, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will LET MY TEACHER KNOW and I will listen to my body. I understand that I may choose to discontinue any practice. (*Rosebud Yoga Studio, LLC., encourages students to let the teacher know if they experience pain during the program – usually we can prop the student for more comfort and more effective release and if not, we can offer substitute pose*).

I understand and accept that yoga is not a substitute for professional medical advice or treatment and that if I have had an injury or have had surgery or if I am pregnant I should get my doctor's approval to participate in this yoga program before doing so. I also understand that the practice of Yoga not only involves physical effort but may also call upon my mental, emotional and spiritual resources.

I understand that it is my responsibility to inform the classroom teacher (at the beginning or every class I take) if I have any health conditions or injury/surgery information can affect my ability to participate fully in class (those conditions that may affect mentioned on the first page of this document or any other conditions that you feel would adversely affect your ability to participate in class).

I recognize and accept that it is solely my responsibility to ensure that:

I will work at my own pace, will not strain and will rest when necessary.

I will not engage in any activity that feels inappropriate.

I am physically able to participate in Yoga classes and this workshop.

I will inform the teacher if I am pregnant or have any pre-existing condition.

I have NOT had an organ transplant.

There is no medical reason to prevent my participation in this workshop.

I will accept all responsibility for my well being once inside this property.

I have read and understand the above recommendations. I assume full responsibility during and after a yoga session to apply, at my own risk any portion of the information or instruction that I receive. I hereby agree to release and waive any and all claims that I now have, or hereafter may have against *Rosebud Yoga Studio, LLC* and its teachers, staff agents, employees, successors and assigns.

Student Signature _____ **Date:** _____