Zensational Healing Student Informed Consent and Release Form

Zensational Healing Yoga offers Hatha Yoga by an experienced yoga instructor. The instructor's responsibility is to use her knowledge and training to deliver safe instruction and advice. However, there are many factors that influence the effect that yoga will have on an Individual based on states of health and fitness.

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

- 1) Do not eat at least 1 hour before class, drink lots of water. Alert the instructor if you have a headache or are not feeling well in any other way.
- 2) Please get your doctor's approval if you have serious medical conditions. For students with medical conditions (especially high blood pressure, detached retina, glaucoma, recent, surgery, disc problems or injury), please make sure this information is on your medical information form and follow any directions your instructor gives regarding modifications for your specific condition(s) during class. Most importantly, listen to your body and if you have pain, let the instructor know she can help.
- 3) Please inform the instructor of any injury or surgery before participating in class.
- 4) If you are pregnant, let your instructor know when you register for class.

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 instructor know and I will listen to my body. I understand that I may choose to discontinue any pose or activity in class or in my home practice. I will let the instructor know if I experience pain during her class.

I agree for myself or for my child to the following by participating in a Zensational Healing yoga class: I recognize that this fitness activity requires physical exertion and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician for myself or my child prior to attending a Zensational Healing yoga class. I understand and accept that yoga is not a substitute for professional medical advice or treatment and that it 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 class before doing so.

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Hatha yoga class. In consideration of being permitted to participate in classes at Zensational Healing Yoga, I agree to assume full responsibility for any risks, injuries, or damages known or unknown, which may occur as a result of participating. In further consideration of being permitted to participate in a Zensational Healing yoga class, I knowingly and expressly waive any claim that I may have against Zensational Healing Yoga for injuries or damages that I may sustain as a result of participating in the program.

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

- I work at my own pace, do not strain and rest when necessary.
- I do not engage in any activity that feels inappropriate.
- I am physically able to participate in this yoga class.
- I have given my instructor appropriate information about my physical condition
- There is no medical reason to prevent my participating in this class / workshop.
- I accept, all responsibility for myself once inside this property.

Please list any medical co	onditions:		
[] Headache/Migraine [] Back Pain [] Shoulder/Neck Pain [] Other (<i>Please List</i>)	[] Blood Pressure [] Stress [] Anxiety	[] Fatigue [] Difficulty Sleeping [] Depression	[] Allergies [] Asthma [] Digestion
Please list ALL physical lin	mitations and injuries / su	urgeries, past and recent:	
Please briefly describe w	hat you hope to receive f	rom the yoga classes:	
release, waive, and disch resulting in injury or dear	arge any legal claims tow th caused by negligence o	vard the instructor or Zen or other acts. I assume fu	legal representatives foreversational Healing Yoga Isational Healing Yoga Ill responsibility during and In or instruction that I receive
Student Signature	Parent Signatu	re (if Student under 18)	// Date
Email Address			() Phone Number