

## Professional Disclosure and Release Form

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.

1. I am a certified Yoga teacher and have completed a thorough professional training in yoga instruction. Yoga is more than physical exercise. It is a transformative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness.
2. 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 me 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 perform a certain movement.
  - ✓ Menstruating women should not practice inverted postures.
  - ✓ Pregnant women should consult their health care provider.
3. It is always advisable to consult with your physician before embarking on any exercise program. I will give you a Health Evaluation Form to complete. You must complete the form and inform me of any health condition(s) that could be affected by your yoga practice. If in doubt, please ask me about your condition.
4. Awareness is fundamental to the practice of Yoga. As a student, it is solely your responsibility to monitor each activity offered and determine whether it is appropriate to participate, and at what level it is appropriate to participate. Though I am your yoga teacher, you remain primarily responsible for your safety and wellbeing.
5. As a professional, I am responsible to provide competent yoga instruction. I am not responsible for insuring the safety of my students beyond this duty to provide competent instruction. By signing this form, you hereby release \_\_\_\_\_ as your yoga teacher from any and all liability for injuries that are not directly and proximately caused by my professional negligence.

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

Signature: \_\_\_\_\_

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

HEALTH INFORMATION FORM

1. Please describe the current state of your health:  
\_\_\_\_\_ Poor \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Great

2. Are you taking any long term prescription or over-the-counter medication?  
\_\_\_\_ Yes \_\_\_\_ No

If so, please list the medication and the reason you are taking it and known side effects:

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3. Please check all of the following that apply to you:

- Allergies
- AIDS/HIV
- Asthma
- Back Pain
- Chronic Fatigue
- Epilepsy
- Fibromyalgia
- Glaucoma
- Hearing Loss
- Heart Trouble
- Hernia
- Hypertension
- Orthopedic Problems
- Pregnancy (due date)
- Respiratory Problems
- Surgery (recent)

4. Please describe any other health or medical condition below:

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5. Please ask any questions or voice any concerns that you have about participating in yoga classes:

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6. Is there anything else I should know about you or your health?

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_