

St. Clair County Community Mental Health
Trauma-Informed Yoga Liability Waiver & Release

Individual: _____ DOB: _____

Have you practiced yoga before? YES NO Case #: _____

If YES, for how long? _____

Limitations/Injuries: _____

Do you have numbness/pain in (check all that apply): neck shoulders elbows hands

wrists hips lower back upper back knees feet other

If other, please describe: _____

1. I understand that trauma-informed yoga includes information about yoga, trauma, mindfulness, physical movements, and breathing exercises as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all risks, injuries or damages, known or unknown, which may incur through participation.
2. I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class, and I understand that Hope Albers, RYT 200, LMSW, CAADC, and SCCCMH shall not be liable should I fail to do so.
3. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.
4. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.
5. I accept that neither the instructor, nor the hosting facility, is liable for any injury or damages to person or property resulting from participating in class.
6. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against St. Clair County Community Mental Health and/or its staff.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Individual Signature

Date

Individual Print