

## 2023 Group Classes - Yoga Therapy for Sore Bodies

Name:

Date of Birth:

Address:

Telephone:

E-mail address:

Are you already on my email list? If not, would you like to be? No Yes

Email newsletter\_\_\_ Telephone call\_\_\_ Text\_\_\_

1. Are there any movements or stretches that you want to avoid in class?

For example, twisting motions are painful or laying on your back is uncomfortable, or my leg goes into spasm when...

2. What do you hope to get out of these classes (mark all that apply)?

Postural instruction  Stress Relief  Joint Health  Increased Body/Self Awareness  Pain Reduction  Flexibility  Improved sleep  Spinal Health  Relaxation Techniques  Inflammation  Lifestyle/Stress  Other:

3. If you could change one thing (in regards to your mental or physical health) what would it be?

4. \*\*\*Name & Phone Number of an Emergency Contact Person (while you're in class) \*\*\*

*Please mention any medications you are on and reason for taking them or any other health or medical condition that you believe may be helpful to your instructor: any precautions that should be taken to ensure your well-being in the class?*

### **Waiver for Class Participation:**

By participating in Yoga for Sore Bodies group classes with others and with Joanne Pineau, I agree to take full responsibility for my own well-being and waive any claim that I might have at any time for injury of any sort against Joanne. It is my

responsibility to ascertain that there is no medical reason to prevent my participation and to consult with a physician or licensed medical professional prior to and regarding my participation in this approach. Yoga is not a substitute for medical attention, examination, diagnosis or treatment and I recognize that these classes may require some physical movement and exertion. I have carefully read the release, fully understand and agree to the above.

I further acknowledge that the Releasee can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time. I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

**Signature & Acknowledgment:**

**Date:**