



# Return to Balance Yoga

## Informed Consent and Liability Waiver

I, \_\_\_\_\_, understand that therapeutic yoga and movement therapy can include physical movement, hands on adjustments, breathing exercises, meditation, philosophical and personal discussion, relaxation and stress re-education.

As in any case of physical activity, the risk of injury, even serious or disabling cannot be entirely eliminated.

My signature acknowledges that I will take responsibility for my body, respecting my limitations and immediately alerting my teacher of any pain or discomfort. I recognize that it is also my responsibility to notify my teacher of any serious illness or injury prior to each session.

Therapeutic yoga and movement therapy is not intended as a substitute for medical attention, examination, diagnosis or treatment. Furthermore, therapeutic yoga teachers are not diagnosticians and will not perform that function. I understand that it is my responsibility to consult a physician prior to beginning if I have any concerns regarding my ability to participate safely in therapeutic yoga or movement therapy sessions.

I understand and acknowledge that in-person participation in sessions includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. I knowingly and freely assume any and all risk associated with such exposure or infection.

I agree that it is my sole responsibility to decide to participate in therapeutic yoga and/or movement therapy at my own risk, and I agree to irrevocably release and waive any claims now or in the future against Robyn Monk or Return to Balance Yoga arising from, or in any way connected with, my participation in therapeutic yoga or movement therapy sessions.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_