

INFORMED CONSENT

Name: _____ Cell #: _____ Home #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Occupation: _____

Best Way to Contact in Case of Class Cancellation: Phone Text Email

Class Time Most Likely to Attend: 4-5 pm 5:30-6:30 pm 7-8 pm

Please read the following statements carefully:

I _____ (**print name**) understand that I will be attending the yoga class as part of a group and that the class will not be specifically designed to my individual needs. The yoga class will begin at a low level of physical movement and various stages of adaptation will be given for my choosing. If I experience any pain or discomfort, I will listen to my body, adjust the posture and/or ask for support from the instructor. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

I understand that regular and consistent yoga training results in physical benefits such as improved muscle strength, greater muscular endurance and increased flexibility, as well as mental benefits such as better relaxation and stress reduction. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that I am exposed to certain risks of injury while participating and that these injuries may result from my own actions, the actions of others, or the combination of both.

It is my responsibility to consult with a physician prior to my participation in the yoga class. I have provided the most current information on the PAR-Q form and if my health changes, I agree to inform the instructor. If I am accidentally injured during the yoga class, immediate first aid will be offered (if needed) but I will be responsible to seek further medical attention. Any information gathered in conjunction with the class will be kept confidential to the extent provided by law. No identifiable information will be released or revealed to any other party without my written consent.

Yoga is an individual experience and I agree to voluntarily participate in the yoga class. I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the yoga class in which I will be engaged. I accept the risks, rules, and regulations set forth and hereby release LaDawn Insull from any and all liability, negligence or other claims arising from or in any way connected with my participation in the yoga class. This agreement is binding on my heirs, executors, administrators and assigned.

Signature of Participant: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

If participant is under 18 (must be at least 13 years of age):

As legal guardian of _____, I consent to the above listed terms and conditions.

Guardian Signature: _____ Date: _____