

I hereby request and consent to the participation of yoga. I understand that methods of treatment may include, but are not limited to, stress reduction techniques, body awareness work, facilitated stretching techniques and emotional awareness and processing. 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 affirm that I should not start a new fitness routine without first consulting my physician. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor.

Yoga is not recommended and is not safe under certain medical conditions. I will make the instructor aware of any medical conditions or physical limitations before class. I also affirm that I alone am responsible to decide whether to practice yoga and participate at my own risk. I will notify the instructor if I am or become pregnant.

Knowing the material risks and appreciating, understanding, and anticipating that other injuries are a possibility with participation in physical activity, I hereby expressly assume all of the risks which could occur by reason of my participation. I hereby agree to irrevocably release and waive any claims against Santa Rosa Counseling Center and its counselors/instructors.

I will list at least one emergency contact below. Santa Rosa Counseling Center is authorized to contact this person in the event of an emergency. I acknowledge that I am giving permission to disclose protected health information.

I have read and fully understand and agree to the above terms. 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 in the State of Florida.

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| Patient Name | Patient Signature | Date |
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| Emergency Contact Name | Relationship | Phone Number |
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MELISSA D. GARNER, LMHC, RYT