



56 Main Street Suites 6 & 7, Warwick, NY 10990  
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### Mindful Yoga Release / Liability Waiver

*One of the strengths of a Yoga practice is that it gives people a means to gain personal mastery and control over their reactions to stressful circumstances in their lives. Once they learn the techniques, they can practice them whenever they choose, without special equipment or the intervention of a specialist. This empowerment in maintaining one's own well-being is consonant with current visions of health promotion and wellness in the medical field.*

**Disclaimer:** Before engaging in any of the physical techniques, you must share any preexisting medical conditions that your child or teen may have. If there are any concerns, approval should be obtained from a medical professional as to whether or not it is safe for your child or teen to engage in mild exercise. Although there is no "wrong" way to participate in these exercises, parents and guardians should be aware that with any physical exercise, injury is always possible and that children and teens should never force their bodies to move in a certain way, or continue with any exercise if it is uncomfortable. Children should be referred to their physicians if there any concerns.

Yoga therapy can usually involve physical touch. Due to my dual role as Psychotherapist and Mindful Yoga Instructor, I do NOT incorporate touch in my practice. Please remain in or near the waiting room for the duration of the session.

1. I understand that Mindful Yoga incorporates both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations my child/teen might have, or any physical activities he/she/they does not wish to participate in. \_\_\_\_\_ (initial)

2. I hereby release Kayla Diorio, LCSW of LiveFree Therapy, and all other sponsoring agencies from responsibility for any injuries my child or teen may sustain as a result of participation in this program. \_\_\_\_\_ (initial)

I have been given the Notice of Privacy Practice \_\_\_\_\_ (initial)

I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

X \_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date