

THERAPEUTIC YOGA WAIVER

Yoga Therapy Method: Therapeutic Yoga is the process of empowering individuals to progress toward improved health and well being through the application of the teachings and practices of yoga. It does not diagnose or treat a specific condition. Therapeutic Yoga treats the whole person. This approach addresses all dimensions of life: anatomical, physiological, emotional, intellectual, and spiritual.

Regular Review: My therapist and I will regularly review our progress and this will give me an opportunity to voice any needs and/or concerns. If at any time my therapist feels I need attention outside of her scope of practice, a referral to another professional may be warranted. This is only to insure my health and well-being.

Expectations of the client: The practices that my therapist provides are intended to be explored with some consistency on my own in between sessions. This is beneficial for me because it may deepen my understanding of myself and of my progression on my path towards healing. As I continue to explore the practices on my own I can regularly provide feedback to my therapist and we can make adjustments and adaptations as progress occurs. I am responsible for my own health and I acknowledge that yoga therapy is not a substitute for necessary medical treatment. No guarantees are being made or implied regarding the efficacy of Therapeutic Yoga.

Confidentiality: I understand that my personal information will be kept confidential. There may be times that my information will be viewed by the mentors and colleagues within the Yoga Therapy program and this will be for training and/or educational purposes only.

I _____ (print name) understand that Therapeutic Yoga involves physical movement as well as the opportunity for relaxation and relief of muscular tension. Other areas that may be involved are the following:

- hands-on adjustments
- breathing exercises
- chanting
- meditation
- Ayurvedic lifestyle consultation
- philosophical discussions
- stress re-education

-I will work with my therapist to find an approach and practice that fits my individual needs and responds to my own unique situation.

-Therapeutic Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice Therapeutic Yoga. In addition, I have been advised to consult with my licensed health care practitioner before deciding to practice Therapeutic Yoga.

-As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body and inform my therapist. Furthermore, I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Yoga For You, Jolyn Ortega.

By signing below, I understand and agree to the statements listed above.

Signature of Client _____

Printed Name _____

Date _____