

**Jen Hartman, RYT-200**

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Registration and Consent for Yoga Class: Mindful Yoga for Mood

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact: Name/relation \_\_\_\_\_ Phone \_\_\_\_\_

Who recommended this class? \_\_\_\_\_ May I thank them? Y N

Name of Primary Care doctor: \_\_\_\_\_

I am honored to have you join this yoga course and look forward to getting to know you during this time of learning and possibility. For your consideration, here are the policies for this class. Please initial before each statement to indicate your understanding and agreement:

\_\_\_\_\_ This class will meet for six (6) consecutive weeks on Wednesday evenings from 5:30pm—6:45pm, September 6 through October 11, 2017.

\_\_\_\_\_ Full payment of \$175 is due at the time of registration. You may cancel your participation for a full refund minus a \$10 processing fee up until 4pm on September 4. If you notify me of cancellation between September 4 and September 6, you may be eligible for a full refund minus the \$10 processing fee if I am able to fill your reserved slot. If I am not able to fill the slot before the start date, you will be eligible for a refund of \$100.

\_\_\_\_\_ This class is designed to offer yoga skills that help promote overall wellness. It is not being offered as a psychological intervention, nor is it designed to treat specific mental illnesses or emotional problems. Participation in this yoga class does not constitute a professional psychotherapy relationship with me. During this class, I will be in the role of yoga teacher.

\_\_\_\_\_ On-time arrival is vital as each class will begin with a dedication and quiet contemplation. It is also important to stay to the end of each class, which will include meditation, as early departures can be disruptive to the flow of the class.

\_\_\_\_\_ As with any exercise program, the practice of yoga can involve risks, although every effort will be made to offer safe and comfortable methods of practicing yoga. There can be risks to your physical health if you have certain conditions such as high blood pressure, pregnancy, cataracts/glaucoma, or other existing illnesses or injuries. It is very important to discuss with me before class starts any health concerns/conditions that may be affected by yoga postures or breathing exercises so that appropriate modifications can be made. Please use the following page to list any health conditions.

\_\_\_\_\_ In this class, you are empowered to be the wise caretaker of your own body. If a pose or movement causes pain or discomfort, stop immediately and inform me. If a pose or movement threatens to make you lose your balance, please stop immediately and ask for assistance. There are modifications that can be made for almost every yoga pose and practice. Do not forsake the wisdom of your body for the sake of any yoga pose or practice.

\_\_\_\_\_ Because stress, memories, and emotions can be stored in the body, it is possible that certain yoga movements may trigger intense or difficult emotions. These emotions often subside quickly by allowing the emotions to flow in and out of you. If you notice that these emotions do not resolve quickly, it is important to seek the guidance of a trained mental health professional.

\_\_\_\_\_ As a yoga teacher, I may use touch or positioning to prevent injury or as a way to offer a more effective method of doing a pose or movement. In most cases, only light touch will be used and I will always ask for your permission before using touch, unless immediate action is needed to prevent injury. You have the right to refuse any touch.

\_\_\_\_\_ You are aware that it is recommended to consult with your doctor before engaging in any new exercise regimen.

Again, I look forward to having you as a participant in the Mindful Yoga for Mood class. By signing this agreement, you are indicating that you have read this page completely, have had all of your questions answered, and have filled out the following health questionnaire accurately. You agree to the provisions freely and consent to the class policies.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Questionnaire: Yoga for Mood

Name of Yoga Student \_\_\_\_\_

Date \_\_\_\_\_

Please indicate whether or not you have any of the following conditions or illnesses. If you answer "Yes," please provide detail in the space provided.

Condition/Illness	Y/N?	Details
Arthritis	Yes    No	Part(s) of body affected?
Asthma or other lung condition	Yes    No	
Chronic pain	Yes    No	Part(s) of body affected?
Fibromyalgia	Yes    No	
Glaucoma or other eye condition	Yes    No	
Heart condition (includes atrial fibrillation, congestive heart failure, history of heart attack or stroke, or any other cardiovascular condition)	Yes    No	
High blood pressure	Yes    No	
Injuries (includes injuries to bone, organ, muscle, tendon, ligament, or other soft tissue)	Yes    No	Part(s) of body affected?  When did the injury occur?
Pregnancy	Yes    No	How many weeks along at start of class?  Due date?
Psychological trauma/PTSD	Yes    No	When did the trauma occur?  What treatment have you received?
Any other condition/illness not listed above that might affect your ability to participate in a yoga class	Yes    No	