

OPEN SPACE YOGA
PROFESSIONAL DISCLOSURE FORM AND RELEASE

Open Space Yoga is delighted to have you as a Yoga student. The following information will help you get the most out of your yoga classes and clarify the role of the Yoga teacher. Please read and sign below.

We are certified yoga teachers and have completed a thorough professional training in Yoga instruction. In your practice, please listen to your body and use your intelligence, taking into consideration how your body feels today – modify for any recent injuries, surgeries or pre-existing conditions you may have.

1. All exercise programs involve a risk of injury. By choosing to participate in Yoga classes, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:
 - Listen to and follow instructions carefully.
 - Breathe smoothly and continuously as you move and stretch.
 - Do not hold your breath or strain to attain any position.
 - Work gently, respecting your body’s abilities and limits.
 - Do not perform postures or movements that are painful.
 - Ask if you are unsure how to perform a certain movement.
 - Menstruating women should not practice inverted postures.
 - Pregnant women must consult their health care provider before enrolling in class.
2. It is always advisable to consult your physician before embarking on any exercise program. Please complete the attached Health Awareness Form and inform your instructor of any health conditions that could be affected by your practice of Yoga.
3. Awareness is fundamental to the practice of Yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. You remain primarily responsible for your safety and well-being.
4. As a professional, your instructor is responsible for providing competent Yoga instruction. Your instructor is not responsible for ensuring the safety of students beyond providing competent instruction. By signing this form, you hereby release your instructor from any and all liability for injuries that are not directly and proximately caused by my professional negligence.

I have read, understand, and agree to the content of this Professional Disclosure Form and Release.

NAME: _____
(PLEASE PRINT)

Student Signature: _____
(Signature of Parent/Guardian if less than 18 years old)

Teacher Signature: _____ Date: _____