



INFORMED CONSENT – YOGA CLASS

DATE _____ NAME: LAST _____ FIRST _____ MI _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ HOME PHONE # _____ WORK # _____ CELL # _____
SOCIAL SECURITY # _____

- A.** I have been informed and acknowledge that in taking the Yoga Class Instruction I do so at my own risk. The Yoga Class is for eight (8) sessions and has been fully paid for in advance.
- B.** I understand and am aware that strength and flexibility exercises associated with the Yoga Class may be a potentially hazardous activity to some individuals. I am voluntarily participating in these activities.
- C.** I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation. I acknowledge that I have either had a physical examination or been given my physician’s permission to participate, or that I have decided to participate in that activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I hereby certify that I have read the contents of this informed Consent and Release of Liability and have received a signed original of the Agreement. I agree to be bound by the reasonable rules and regulations adopted by Creative Therapeutics, Ltd. in connection with the use of its facilities and equipment. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators and assigns.

CLIENT SIGNATURE _____ DATE _____

INSTRUCTOR SIGNATURE _____ DATE _____