

In-Joy Therapy and Yoga Liability Waiver

I _____ understand that yoga is a breath-centered practice that includes physical movements as well as an opportunity for relaxation, neuromuscular re-education, and stress relief. As with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the instructor.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not safe for nor recommended under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sharon Hyman or In-Joy Therapy and Yoga.

(Name of client)

(Date)

Return the completed and signed form to:

Sharon Hyman, LCSW-C, RYT

In-Joy Therapy and Yoga

sharonhyman1@gmail.com