

# Intentions Yoga

Cynthia N. Herzog, LCSW, CAP, ICADC, E-500 RYT, Clinical Director  
Lorraine Turner, E-500 RYT

## STUDENT WAIVER AGREEMENT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I \_\_\_\_\_ (Print Name) understand that yoga includes physical movement as well as opportunity for relaxation, stress re-education and relief of muscular tension. As is the case 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 teacher. I will continue to breath smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe 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 Cynthia Herzog, LCSW, CAP, ICADC or Lorraine Turner (Teacher).

\_\_\_\_\_  
Signature of Student, Parent or Guardian

\_\_\_\_\_  
Date