**Viniyoga Vancouver-Yoga Therapy International**

**THERAPEUTIC YOGA/YOGA THERAPY WAIVER FORM**

**Experienced Registered Yoga (E-RYT) Instructor and Certified Yoga Therapist**

Maggie Reagh, MA in Teaching, E-RYT 500, C-IAYT, and Ayurvedic Consultant

***Please note:*** *All information on this form is kept confidential. Please answer as much as you feel comfortable answering.* ***Please sign the Waiver on the back.***

**REGISTRANT DETAILS:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male / Female**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT AND TELEPHONE NUMBER:**

**Have you practiced yoga before?** YES / NO

**If YES, for how long ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which style of yoga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your reasons for practicing Yoga Therapy?**

**Please explain your wellness goals:**



**Are you currently experiencing any of the following therapeutic conditions?**

\_\_\_ Asthma \_\_\_ Low blood pressure

\_\_\_ High blood pressure \_\_\_ Muscular injury

\_\_\_ Heart / Circulatory Problems \_\_\_ Joint injury (ankle, knee, hip, elbow, shoulder)

\_\_\_ Neck / Back / Spine injury \_\_\_ Recent surgery

\_\_\_ Dizzy spells / Fainting **Specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Epilepsy / Seizures \_\_\_ Other medical condition, injury or disability

\_\_\_ Diabetes **Specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pregnancy - How many months?\_\_\_\_ Any complications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Viniyoga Vancouver/Yoga Therapy International/Maggie Reagh**

**Waiver of Liability for Online Zoom Yoga Therapy**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) understand that *Yoga Therapy Practices* include physical movements, breathing exercises, chanting, meditation, Ayurvedic lifestyle consultation, and philosophical discussions, in addition to an opportunity for relaxation, stress re-education, and relief of muscular tension and/or minor aches or pains.

Maggie Reagh will be suggesting individual modifications for you based on your self-assessment and her previous knowledge of your therapeutic needs. 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 practices until I feel safe to continue practicing. If I need to leave the class due to any discomfort, I will do so, and discuss my situation privately with Maggie online after class at a mutually agreed upon time.

Yoga Therapy is not a substitute for medical attention, examination, diagnosis or treatment. Yoga Therapy is not recommended and is not safe under certain medical conditions. I have been advised to consult with my licensed health care practitioner before deciding to practice Yoga Therapy. I affirm that I alone am responsible to decide whether to practice Yoga Therapy after receiving such professional advice.

I understand that as a function of ***Online Zoom Yoga Therapy*,** Maggie Reagh is unable to monitor individual participants for signs of undue physical exertion and/or physical stress at all times in the same way that she can do during face to face classes.  I have no medical conditions that create an undue risk of harm from engaging in physical activities such the *Yoga Therapy Practices* defined above.  I agree that by participating in this ***Online Zoom Yoga Therapy***, I am undertaking to self-monitor my levels of physical exertion and accepting any and all risks involved in following Maggie Reagh’s directions.  And I hereby waive any right I may have at law to sue Maggie Reagh personally or her company Viniyoga Vancouver/Yoga Therapy International in regards to any and all alleged negligence in her online instruction.

**Name (Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**