

**Viniyoga Vancouver-Yoga Therapy Vancouver  
THERAPEUTIC YOGA/YOGA THERAPY WAIVER FORM**

**Experienced Registered Yoga (E-RYT) Instructor and Certified Yoga Therapist**  
Maggie Reagh, MA in Teaching, E-RYT, CYT, and Ayurvedic Consultant

*Please note: All information on this form is kept confidential*

**\*\*\*Please complete both pages\*\*\***

**REGISTRANT DETAILS:**

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

Male / Female

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

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

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

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

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

**EMERGENCY CONTACT AND TELEPHONE NUMBER:**

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Have you practiced yoga before? YES / NO

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

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

**What are your reasons for practicing yoga ?**

\_\_\_ Stress reduction

\_\_\_ Weight management

\_\_\_ Mental clarity

\_\_\_ Flexibility

\_\_\_ Spiritual growth

\_\_\_ Strength

\_\_\_ Overall wellbeing

\_\_\_ Managing a particular illness

\_\_\_ Confidence

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

\_\_\_ Other reasons

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

**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 Vancouver- Maggie Reagh  
Waiver of Liability**

I \_\_\_\_\_ (print name) understand that Therapeutic Yoga/Yoga Therapy includes physical movements, hands-on adjustments from instructors and assistants, 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 as well as minor aches and pains. 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 breathe smoothly.

Therapeutic Yoga/Yoga Therapy is not a substitute for medical attention, examination, diagnosis or treatment. Therapeutic Yoga/Yoga Therapy is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Therapeutic Yoga/Yoga Therapy. In addition, I have been advised to consult with my licensed health care practitioner before deciding to practice Therapeutic Yoga/Yoga Therapy. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Viniyoga Vancouver, Yoga Therapy Vancouver, Maggie Reagh, her faculty, her substitute teachers, her assisting teacher trainees, or the facility where I am practicing Yoga.

**Name (Print)**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_