



**Susan Andrea Weiner, MA, C-IAYT**

*By signing in for this class you are also consenting to the following:*

I hereby consent to voluntarily engage in yoga, a sometimes vigorous physical activity, which may include cardiovascular, resistance, breathing techniques and stretching activities offered by Susan Andrea Weiner, or in a restorative yoga practice, which includes longer-held supported poses, gentle stretches, mindfulness practice and breathwork.

I hereby affirm that I am in good physical condition and do not suffer from any ailment that would be adversely affected by physical activity. I affirm that all of the information I have given pertaining to my current health status is accurate to the best of my knowledge. I acknowledge that I have been informed of the physical nature of yoga activities. I hereby release Susan Andrea Weiner, their agents or substitutes, from any claims, demands, and causes of action arising from my participation in this program.

I understand that it is my responsibility to monitor my own condition throughout each class, and should any unusual symptoms occur, I will cease participation, contact my physician, and inform Susan Andrea Weiner immediately. I furthermore assume all responsibility for my health and physical condition. I understand I am under no obligation to follow the instruction of my teacher if I feel it is unsafe to do so, and I agree that if unusual symptoms occur I will cease participation until I have consulted with my physician.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher.

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 certify that I have read this document, understand its contents, and sign it of my own free will. I understand this is a binding contract intended to provide a full release of liability for injuries I may incur while practicing yoga with Susan Andrea Weiner. I am legally competent to sign this release. I confirm that I have read this form in its entirety, or that it has been read to me if I have been unable to read it, and I understand the risks associated with participating in yoga activities. I also confirm that my questions regarding the program have been answered to my satisfaction. I consent to the conditions of all services and procedures as explained by Susan Andrea Weiner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_