

Tensegrity Center for Yoga Therapy Waiver Form

I, _____, hereby retain Sherry Brouman and/or Leslie Kazadi, and their fully trained yoga therapy assistants at the Tensegrity Center for Yoga Therapy, as my yoga teachers. Although Sherry has many years of experience as a physical therapist, she will not be acting in that role in these yoga therapy consults or classes.

I understand that I will not receive individualized treatment in classes. Any symptoms discussed in class are for informational purposes and not meant to be acted upon therapeutically. I also understand that yoga therapy includes touch for the purpose of adjusting postures and that I may decline that service at any time.

Individual physical therapy is available upon request.

My purpose in attending yoga therapy classes is to improve my posture and alignment both in yoga practice and in my normal daily activities. I am choosing yoga as a means to create fluid movement patterns that elicit freedom in the joints of my body, to reduce pain and discomfort and to access my ability to find and call upon inner calm.

I understand that the role of my yoga therapy teachers is to guide me into my own inner wisdom, alignment and capacity to generate my own healing. My role is to stay alert to all of the signals my body is sending me so that I may avoid movement that could cause strain, discomfort or apprehension.

In participating in yoga therapy with Sherry Brouman, Leslie Kazadi and their other teachers or their assistants, I accept responsibility for performing only those movements and activities that support my health and well being. I understand that participating in these classes carries a risk of injury, as do all physical activities. I agree to not hold Sherry Brouman, Leslie Kazadi and the other teachers or their assistants liable for any such injuries.

I understand that Sherry Brouman, and Leslie Kazadi are not diagnosing, prescribing or treating any medical issues. I agree to advise my teachers of any pain or discomfort and should any new pain arise, to consult with a professional diagnostician.

Student Name _____ Date _____

Student's Email Address _____

Student's Contact Info: (Cell) _____ (Home) _____

Emergency Contact: Name _____ Phone _____

Yoga Therapist _____ Date _____