

Yoga for ED Recovery Agreement

- If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at anytime during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.
- I understand that yoga includes physical movements as well as an 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, discontinue the activity, and ask for support from the teacher. I will continue to breathe smoothly.
- I assume full responsibility for any and all damages, which may incur through participation.
- I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required.
- I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.
- I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.
- I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Creative Mental Health & Yoga and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and Creative Mental Health & Yoga are not in any way responsible for any loss or damage of your personal property.

- I agree to wear comfortable, loose fitting clothing to classes.
- I agree to notify the teacher if I become distressed or triggered during the class
- I agree to behave in a respectful and appropriate manner towards the teacher and the other students.
- I agree to not discuss potentially distressing topics with the other students such as weight, intake, ED behaviours.
- I agree to notify the teacher if my physical or mental health worsens and understand that I may not be able to attend the class until a more suitable time.
- I understand that if the teacher becomes concerned about my physical or mental health they may contact my emergency contact or GP to escalate the concern.

Those under 18 years of age must have this form signed by a parent or guardian.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Witness Name: _____

Date: _____



CONTACT

AMY WOODS

PH:0437585697

CREATIVEMENTALHEALTH@MAIL.COM

WWW.CREATIVEMENTALHEALTH.COM.AU