

Shining Heart Yoga with Linda Moran MS,PT, RYT 500,
Professional Disclosure and General Release

I am delighted to have you as a student. The following information will help you get the most out of your yoga class and clarify my role as a yoga instructor . Please read and sign below. I am a certified yoga teacher and have completed a thorough professional training .

All exercise programs assume a certain risk of injury. The following guidelines will help you reduce your risk.

Listen and follow instructions carefully while also following your own intuition . Breathe smoothly and continuously as you move. There will be cues to breathe but breathe in a way that is most comfortable to you. Listen to your body here too.

Do not hold your breath or strain to attain any position.

Work to your comfortable capacity. Respect your body's limits as well as abilities .

Do not perform postures or movements that are painful. Be especially mindful of pain around joints . You should never feel sensation around any of the joints in the body .

Ask me if you are unsure how to perform a certain movement or if it does not feel comfortable or right in any way to you.

Adjust the posture to fit your body as opposed to making your body fit the posture. I try to provide modifications to postures but please feel free to ask if you are unsure in any way .

Please keep me informed of any changes in your health status.

Have fun!

Awareness is fundamental to the practice of yoga . As a professional , I am responsible to provide competent instruction. As a student , it is your responsibility to monitor each activity and determine if it is appropriate for you to participate at this time . The undersigned releases Linda Moran and this facility from any and all liability and injuries present or future, that result from your participation in yoga both in and outside of the class.

I have read, understand and agree to the contents of this Professional Disclosure and Release Form. The undersigned certifies that he/she has no medical condition which would cause participation in class to be potentially hazardous to his/her health.

Student's Signature

Date

Printed name

E-mail (optional)

