

Wonders Counseling Services, LLC

“Yoga & Meditation with Lynn”

4985 Lower Roswell Rd. Bldg. 200

Marietta, GA 30068

404-455-5805

www.wonderscounseling.com

Initial Information Required for Yoga and/or Meditation Classes

All information will be retained as confidential and not shared with anyone other than Lynn or her professional associates who are also bound to an agreement of confidentiality.

Your Name (please print neatly): _____

Your Email Address (please print neatly): _____

Best Phone Number: _____

Emergency Contact: _____

Your experience with yoga and/or meditation: _____

What you hope to gain/learn from attending classes with Lynn: _____

History of injuries/accidents/surgeries? Please list nature and dates: _____

History of psychiatric/psychological problems, diagnosis, treatment, hospitalization: _____

Participation Understanding and Release of Liability

Participation in Yoga, Meditation and Tai Chi/ Chi Kung classes includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various Yoga postures. Yoga postures, or asanas, are designed to exercise the body - stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Meditation is a practice to work with the mind and awareness of bodily sensations, thoughts and feelings through seated practice primarily. Tai Chi is a series of standing movements and postures that flow with a conscious breathing technique and focus of the mind.

I understand that Yoga, Meditation and/or Tai Chi classes can not and do not substitute for physical therapy, psychotherapy, professional counseling or any other medical intervention. I understand that Lynn and any other instructors teaching classes at Wonders Counseling Services, LLC are serving in a role as instructor while leading classes and not as therapist. I understand that if my instructor at Wonders Counseling Services, LLC believes my physical, mental or emotional presentation in class warrants professional support I will be referred out to an appropriate medical or psychological professional for that support and not permitted to return to class until said professional has provided clearance to do so.

Yoga, Meditation and Tai Chi each is an individual experience. I understand that in when I am in class I will need to progress at my own pace. If at any point I feel overexertion or fatigue, emotional arousal, I will respect my own mind and body realizing my limitations and I will stop and rest before continuing class activities and I will speak honestly and clearly to Lynn or any other instructor about my needs immediately.

By signing my name below, I acknowledge that participation in classes exposes me to a remote possible risk of personal injury. I am fully aware of this risk and hereby release Wonders Counseling Services,

LLC, Lynn Louise Wonders, and / or any other persons who may substitute teach at Wonders Counseling Services, LLC, from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in Yoga and any other class at Wonders Counseling Services, LLC.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Wonders Counseling Services, LLC, Lynn Louise Wonders, and / or any other persons who may teach at Wonders Counseling Services; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in Yoga, or any other exercise classes, with my doctor's full approval.

I realize that I am participating in classes, at my own risk. _____ (Initial here please)

My signature is binding to this liability release and waiver from this day forth.

Signature _____ Date _____
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For Minors

I am the legal parent and/or guardian of minor child _____ age _____
DOB _____. I have read the information above and give full permission said child to participate in classes at The Yoga Room and hereby release The Yoga Room Marietta, LLC, Lynn Louise Wonders and any other persons who may teach classes at The Yoga Room Marietta, LLC from any liability. My signature acknowledges all information provided on this form in its entirety with full awareness. I hereby approve to have my minor child _____ participate and attest she/he is in good and sound health to the best of my knowledge. My contact number in case of an emergency is: _____.

Printed Name _____ Signed Name: _____ Date: _____
