



Kat Brown

Registered Dietitian
and Yoga Teacher

TEL 650.796.1505 FAX 650.251.4377 EMAIL «EMAIL»
WWW.KATBROWNNUTRITION.COM

Informed Consent

You will be participating in a therapeutic yoga class. This class is designed to be safe and comfortable for you in order to relax, build strength, and gain flexibility and endurance. By signing this, you agree that you understand that it is your responsibility to know that you are physically healthy enough to practice prior to your participation in the Yoga Class or Workshop.

Responsibility of the Participant

Take your time, relax and enjoy this.

DO NOT overdo it.

DO NOT withhold any information regarding symptoms from the instructor during the class.

DO NOT exercise when you do not feel well.

DO NOT exercise or practice yoga within 1-2 hours after eating a large meal.

DO NOT exercise or practice yoga after drinking alcoholic beverages.

DO NOT stretch beyond muscle tension to pain.

DO report any unusual symptoms that you experience before, during or after the sessions.

By signing below I hereby agree to the following:

1. I represent and warrant that I am physically well and I have no medical condition which would prevent my full participation in the Yoga Class/Workshop.

2. In consideration of being permitted to participate in the Yoga Class or Workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

3. In further consideration of being permitted to participate in the Yoga Class/Workshop, I knowingly, voluntarily and expressly waive any claim I may have against Kathryn Brown. I accept the rules and regulations set forth. I consent to participate in the yoga classes offered by Kathryn Brown.

Signature of participant

Date

Witness (If under 18)

Printed name