



Vincent Dove

954.601.6081

YOGA & MEDITATION INFORMED CONSENT FORM

Name: _____ Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Age & DOB: _____

Medical Alert (injuries, physical limitations, ailments, etc.)

Participation in Yoga/meditation sessions include, but are not limited to, participation in meditation techniques, yogic breathing techniques, and performing various Yoga postures and physical exercise. Yoga postures, or asanas, are designed to exercise every part of 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, balancing and body movements to strengthen muscles and increase flexibility.

Yoga/meditation and physical exercise is an individual experience. I understand that in Yoga/meditation, and in any other exercise session, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga/meditation or any other exercise as well as alerting my instructor Vincent Dove. I understand and acknowledge that in yoga/meditation, as in other forms of exercise, there exist certain inherent risks in participating. I voluntarily participate in the yoga/meditation instruction taught by Vincent Dove and agree to assume full responsibility for all risks, injuries, or damages known or unknown, which might incur as a result of participating in the yoga/meditation program offered.

I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga/meditation sessions, workshops, or other programs offered by Vincent Dove and I have consulted a medical doctor or licensed medical health care practitioner regarding any described conditions.

I understand that Vincent Dove does not diagnose illness, disease or any other mental or physical disorder. Vincent Dove does not prescribe medical treatment of pharmaceuticals, nor does he perform any spinal manipulations. It has been made very clear that the Yoga & meditation exercises that are undertaken are not substitutes for medical examination or diagnosis and that it is recommended that I seek a medical practitioner for any physical and or emotional ailment that I may have.

I understand that services offered today and in the future are not a substitute for medical care and that any information provided by Vincent Dove is for educational purposes only and is not diagnostically prescriptive in nature. I have stated all of my known medical conditions on the Client Health History Form.



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I realize that it is solely my responsibility to keep Vincent Dove updated on any changes to my physical & emotional health and I understand that Vincent Dove shall not be liable should I fail to do so. I understand that all Yoga/Meditation services provided are strictly non-sexual.

By signing below, I hereby fully and forever release and discharge Vincent Dove, his assigns and agents from all claims and liability and hold him harmless for any injury to my person, demands, damages and rights of action, by negligence or otherwise, present and future therein.

I know that yoga requires alignment of the body and that yoga teachers often adjust students to help them get the poses more accurately. By signing below, I consent to such touch and alignment.

Signature: _____ Date: _____

Print: _____

IF UNDER 18 YEARS OF AGE: As legal guardian of _____, we consent to the above conditions.

Signature of Guardian: _____

Print: _____