

Informed Consent to Incorporate Trauma-Informed Yoga



I, [print name] _____ understand yoga and breathing practices can play a role in reducing stress and can contribute to my overall health and well-being. Circle of Life Yoga has certified yoga instructors and Trauma-Informed Yoga (TIY) classes taught by instructors who have gone through Trauma-Informed Yoga Training (TIY-T). I recognize I have the unique opportunity to incorporate yoga breathing, postures, and/or philosophy into my therapeutic work. By signing below, I acknowledge there is a risk in pursuing yoga and the postures and breathing practices associated. In order to minimize this risk, I agree to [initial each line]:

- _____ Participate on yoga-related activities on a voluntary basis (you can opt out any time);
- _____ Respect my body's messages of discomfort and not push through them;
- _____ Report any pain in muscles, joints, or anywhere else in the body;
- _____ Report any emotional discomfort or increased stress;
- _____ Communicate my experience with the instructor so they may modify position/breathing to offer the most benefit.
- _____ Communicate if at any point, I feel it would be helpful to have hands on assistance.

Sign below:

_____ Date _____

(with Parent or Legal Guardian if under 18)

Additional Information for Instructor

Please provide additional information to assist us in tailoring your experience. Please check any boxes that apply:

- | | |
|---|---|
| <input type="checkbox"/> I DO NOT enjoy laying on my back | <input type="checkbox"/> I DO NOT enjoy [type] _____ [type] of music |
| <input type="checkbox"/> I DO NOT enjoy being face down | |
| <input type="checkbox"/> I DO NOT enjoy lights being dimmed | <input type="checkbox"/> I have a physical injury [only list body part; i.e. arm, right leg, neck, etc] |
| <input type="checkbox"/> I DO NOT enjoy a warm room | _____ |
| <input type="checkbox"/> I DO NOT enjoy candles or essential oils | <input type="checkbox"/> I DO NOT enjoy [pose or position] |
| (circle one or both) | _____ |

CHECK THIS BOX ONLY If you're currently experiencing intimate partner violence, domestic partner violence or anything else you want to discuss in confidence. We will make sure to address any concerns in private and away from other students.

Please enter any additional comments assisting the instructors in pursuing a safe, secure, pleasant yoga practice. For your benefit, DO NOT enter any HIPAA-related information or details regarding of your trauma therapy.

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