

# *Transformative*

G R O W T H T H E R A P Y , P L L C

## *Yoga therapy informed consent*

By practicing yoga with Transformative Growth Therapy, or using its online resources located on its website, you must first agree to the following:

- You understand that physical exercise or therapy, in all of its forms and with or without the use of equipment such as blocks, straps, or any other equipment that may be suggested, may involve strenuous physical movement, and that such activity carries the risk of injury whether physical or mental.
- You are urged and advised to seek the advice of a physician before beginning any physical exercise or therapy regimen, routine, or program, or using any suggested equipment.
- You understand that you are voluntarily participating in these activities, that it is your responsibility to judge your physical and mental capabilities for such activities, and that you assume all risk of injury to yourself.
- You understand that it is your responsibility to ensure that by participating in yoga classes or yoga therapy, you will not exceed your limits while performing such activity, and you will select the appropriate level of activity for your skills and abilities, as well as for any mental or physical conditions and/or limitations you have.
- You understand that, from time to time, we may suggest physical adjustments or the use of equipment, and it is your sole responsibility to determine if any such suggested adjustment or equipment is appropriate for your level of ability and physical and mental condition.
- You expressly waive and release any claim that you may have at any time for injury of any kind against Rhonda Rhoades, or any person or entity involved with Transformative Growth Therapy, PLLC.

PAYMENT, CANCELLATION, AND REFUND POLICY

ONLINE CLASSES

PRIVATE YOGA THERAPY SESSIONS

Payment for all services is required in full prior to each session or series of sessions. Any session rescheduling or cancellation by the client must be made at least 24 hours before the start of the scheduled session. Sessions that are canceled by the client at least 24 hours in advance can either be refunded or held in credit for future booking. Barring an emergency, any session that is rescheduled or canceled by the client less than 24 hours before the start of the scheduled session will be considered forfeit and nonrefundable.

DRESS CODE

We do not require that you wear a “yoga uniform”, however standard decency does apply. Please no loin cloths and shirts are required.

Things you should consider when selecting your cloths:

- **Comfort:** it is important that your cloths provide comfort rather than style, you will be moving your body in all directions and will be distracted from your practice if you must adjust hemlines or seams.
- **Correct fit:** your cloths should be comfortable without being too loose or flowy. Loose clothing does not provide maximum coverage and may shift up or down. Avoid bottoms with drawstrings or buttons as it may cause discomfort in the prone position. Pants with an elastic waistband that conform to the shape of your body are ideal. For tops, loose collars or an overstretched neckline should be avoided. Go for a snug fit. Women may want to focus more on investing in supportive inner-wear.
- **Flexibility and breathability:** Your yoga wear must allow for swift and free movement. Materials like denim and spandex are not ideal; look at organic cotton instead, as they are airy and light, and suitable for your everyday routine. You can also consider cotton blends, linen, bamboo, recycled and repurposed, or synthetic fabrics with breathability and moisture-wicking properties.

- Accessories: avoid accessories such as jewelry, watches, belts, and glasses if at all possible. Avoiding these will assist in your free range of motion, and help to avoid injury.
- Long Hair: if you have long hair, you may want to bring ties to put it up in a ponytail to keep your hair out of your face, and off of your neck and shoulders. It is recommended, but not mandatory.

If at any time during the session you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day. I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class.

## AGREEMENT

1. I am participating in yoga sessions, health programs, workshops and/or other wellness, body work, therapy, exercise and healing arts activities (collectively, the "Activities") offered by Transformative Growth Therapy, PLLC. The Activities may be offered in the physical location of the School or offered online by videos, television, podcasts, apps or other digital media or platforms. All of such offerings, either physical or online, shall be considered "Activities."
2. I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga session. I will not perform any postures to the extent of strain or pain. I recognize that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and I represent and warrant that I am physically fit enough to participate, and I have no medical condition which would prevent my full participation in the Activities. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have taken the physician's advice. I understand that the School reserves the right to refuse my participation in any Activity on medical, fitness or any other grounds.
3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury.
4. In consideration of being permitted to participate in the Activities, 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 Activities at TGT, including those which may result from the negligence of the School.
5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the School, its owners, managers, teachers, instructors, workshop presenters, employees, independent contractors and staff (each, a "Released Party") that I may sustain as a result of participating in the Activities at the School even if the Claim arises from the negligence of any Released Party or anyone else.
  - a. I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.

6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.
7. I hereby understand that Transformative Growth Therapy, from time to time may need to photograph, video, or otherwise record classes or events for continuing education and certification requirements. I hereby consent to the use of my image that may appear in any such photograph or video. These media will not be used online in any way without prior consent.
8. This agreement shall be construed in accordance with, and governed by, the laws of the State of Washington and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in Washington State. In case any provision of this agreement shall be held invalid, illegal or unenforceable, it shall not affect any other provision of this agreement and this agreement shall be construed as if such provision had never been contained herein.

**Those under 18 years of age must have this form signed by a parent or guardian.**

**CONSENT FOR YOGA THERAPY**

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE BEEN PROVIDED AND HAVE REVIEWED THIS CONSENT FORM, YOUR SIGNATURE INDICATES YOUR CONSENT FOR CARE AT TRANSFORMATIVE GROWTH THERAPY, PLLC. AND ACKNOWLEDGMENT OF THE CLIENT RESPONSABILITIES.

**By signing this form I (the client) hereby certify that:**

- **That I agree with/to the above statements**
- **That I have read or had this form read and/or had this form explained to me.**
- **That I fully understand its contents including the risks and benefits of therapy and my financial responsibilities.**
- **That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.**
- **I understand that I am responsible for fulfilling my financial responsibility (this includes late cancelations)**

Signature of Patient or Personal Representative \_\_\_\_\_

Printed Name of Patient or Personal Representative \_\_\_\_\_

Date \_\_\_\_\_