



LOTUS POINT
Wellness

Marie Caterini Choppin, LCSW-C & Associates
LOTUS POINT WELLNESS, INC.

YOGA & MEDITATION INFORMED CONSENT FORM

Name: _____
Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

E-mail address: _____

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

Participation in Yoga 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 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 to strengthen muscles and increase flexibility.

Yoga and physical exercise is an individual experience. I understand that in Yoga, and in any other exercise class, 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 or any other exercise.

I understand and acknowledge that in yoga, as in other forms of exercise, there exist certain inherent risks in participating. I voluntarily participate in the yoga instruction taught at LOTUS POINT WELLNESS, INC. 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 program offered.

I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga classes, workshops, or other programs offered at LOTUS POINT WELLNESS, INC. and I have consulted a medical doctor or licensed medical health care practitioner regarding any described conditions.

I understand that the LOTUS POINT WELLNESS, INC. yoga teacher does not diagnose illness, disease or any other mental or physical disorder. The yoga teacher does not prescribe medical treatment of pharmaceuticals, nor does she/he perform any spinal manipulations. It has been made very clear that the Yoga 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 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 the LOTUS POINT WELLNESS, INC. is for educational purposes only and is not diagnostically prescriptive in nature.

I have stated all of my known medical conditions on the Client Information Form.

I realize that it is solely my responsibility to keep LOTUS POINT WELLNESS, INC. updated on any changes to my physical health and I understand that LOTUS POINT WELLNESS, INC. and the yoga practitioner shall not be liable should I fail to do so.

I understand that all Yoga services provided are strictly non-sexual.

By signing below, I release LOTUS POINT WELLNESS, INC., its owners and instructors, as well as other students and individual substitute teachers from liability, and hold them harmless for any injury to my person, and damage to my property while on the premises at 13200 New Hampshire Avenue Silver Spring, MD 20904 OR 4405 East-West Highway, Suite 508, Bethesda, MD 20814, whether caused in or out of class, by negligence or otherwise.

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.

I understand that LOTUS POINT WELLNESS, INC. will provide an area for personal belongings to be held during class, however, I agree that LOTUS POINT WELLNESS, INC. is in no way responsible for the loss or damage of my belongings while I attend class.

I acknowledge and accept that all fees, once paid, are not refundable.

Signature: _____ Date: _____

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

Signature of Guardian: _____