

# Creative Actions Yoga

## Student Information/Consent Form

Name

Gender

Birthday

Email Address (required for receipt,  
add a check mark to opt out of newsletter)

Home Phone

Mobile Phone

Address (street,  
city, state, zip)

Emergency Contact

Emergency Contact Phone Number

Emergency Contact Relationship

How did you hear about us?

Health Conditions/Concerns

Consent for Yoga/Fitness/Exercise/Media at Creative Actions Yoga

**Acknowledgment of Risks:** The body's reaction cannot be predicted with complete accuracy. Unusual changes during or following any practice/program session may occur. Be sure to make your teacher aware and seek appropriate/necessary help. All programs have risks, and by taking part in this practice/program, in person or online, you are doing so at your own risk. I understand that the risks are not complete and that there are other unknown or unanticipated risks that may result in injury, illness, or death.

**Potential Benefits:** Benefits obtained from a regular practice/program might include a more efficient cardiorespiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function, an improvement in flexibility, and a decrease in the risk of heart and other diseases. I acknowledge that no guarantees have been made within respect to this practice/program.

**Supervision:** Your teacher will guide you but is not responsible for injuries and/or damages that occur while at the facility. I accept the teacher's right to take action for my safety or others.

I agree that Creative Actions Yoga and its teacher are doing every thing they can to not spread Covid19. I agree to follow their Covid Policy. I will not hold them responsible in any way if I get Covid. I consent to have my temperature taken when entering Creative Actions Yoga, I attest that I have not traveled internationally or knowingly been exposed to anyone who has tested positive for Covid, I have not experienced any cold or flu-like symptoms in the last 14 days (to include but not limited to fever, coughing, sore throat, respiratory illness, difficulty breathing), I have not been in close contact with anyone who has Covid or is self quarantined at home and/or the hospital in the last 14 days, I agree to wear a mask at all times while on and /in the property of Creative Actions Yoga, I agree to practice social distancing (6feet) as much as feasible in all areas of Creative Actions Yoga.

**Confidentiality:** All information will be treated as privileged and confidential and will not be revealed to any person, other than your teacher(s), without expressed written consent.

Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained. Duration: This consent is an assumption of risk and responsibility, and release of liability, that supersedes all prior agreements, waivers, and releases between me and Creative Actions Yoga. It shall not expire and will continue in full force and effect unless suspended, modified, or terminated in a written agreement by the participant and Creative Actions Yoga.

**Inquiry and Freedom of Consent:** I have read and understand the foregoing consent and I understand the potential risks and benefits, supervision issues, duration, and confidentiality involved. Unless otherwise indicated under the "comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in any practice/program. I understand that if there are any questions about the procedures or methods used during a session, I should ask my teacher, before proceeding. I realize that injury may result from improper techniques or misuse of facilities or equipment. I agree to be attentive to all instructions given to me and to practice and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the program and should any unusual symptom(s) occur, I will cease my participation and inform my teacher. I shall also notify my teacher of any changes in my medical status. I consent to the administration of any medical/resuscitation measures deemed advisable by my teacher or other qualified personnel. I have read and understand the above information, and by signing below, understand, agree, and acknowledge I am waiving my legal rights.

**Media:** Photographs, sound recordings and/or video recordings may be taken as you participate in practice, functions, and/or events. These may be used to publicize and promote Creative Actions Yoga in any and all marketing, social media, promotions, newspapers, televisions, radio, publications, the web site and/or presentations, etc. I hereby give permission to Creative Actions Yoga to use my photographic likeness in all forms and media for advertising, exposition displays, trade, and any other lawful purposes. Any photos or video taken at Creative Actions Yoga may be used as they deem fit.

Signature

Date