



(608) 884-1489

**Informed Consent Form  
Yoga**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Phone \_\_\_\_\_

**1. Risk and Discomforts**

There is inherent risk associated with yoga training, strength training and other forms of physical activity. Yoga training and strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Yoga training should be modified or postponed if a back/neck disorder or condition is present or if pain or symptoms persist.

**2. Responsibilities of the Participant**

To promote the safety and benefit of your participation in the Yoga Class, it is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include back/neck/joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. It is important that you adhere to the recommendations of the Yoga instructor. You should not exceed the recommended exercise intensity and you should not exercise when you are sick or not otherwise feeling well.

**3. Benefits to be Expected**

It is expected that you will see benefits as a result of regular and consistent participation in the class. Yoga training typically results in numerous physical benefits (including improved muscle strength, improved muscular endurance, and increased flexibility) and possibly in reduced back pain and an improvement in physical tasks associated with work, recreation and everyday life.

**4. Contact**

Please feel free to contact Angie Sullivan, Community Education Coordinator with any comments and/or questions. 608-884-1489 or [asullivan@edgertonhospital.com](mailto:asullivan@edgertonhospital.com)

**5. Use of Medical Records and Information**

Any information gathered in conjunction with the class (such as health history, exercise risk, medication ,etc.) will be kept confidential to the extent provided by the law. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis or research purposes.

**6. Freedom of Consent**

I agree to voluntarily participate in the Yoga Class.

**Please read the following statements carefully**

Initial

\_\_\_\_\_ I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Yoga Class in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these risks, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in the Yoga class.

\_\_\_\_\_ If I am accidentally injured during the Yoga Class, I will be responsible to seek treatment with my own physician or primary care provider.

\_\_\_\_\_ Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against Edgerton Hospital and Health Services for injury or damage that I might incur during participation in the Yoga Class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this form when completed and signed to:*

*Angie Sullivan  
Edgerton Hospital and Health Services  
313 Stoughton Road  
Edgerton, WI 53534*