



SPIRIT FLOW

Karen Remington * Certified Yoga Teacher
Certified Shamanic and Reiki Practitioner
Certified Aerial Yoga Teacher
of Spirit Flow Pathways
37 Minkey Way, Cornish ME
04020



Name: _____ Date of Birth _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____

Name & Phone Number of **Emergency Contact**:

I _____ (print name) understand that yoga, meditation, Aerial Yoga, and other physically involved classes include physical movements as well as an opportunity for relaxation, stress reeducation, and relief of muscular tension. Participation in class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various postures. Postures 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. Classes at Spirit Flow Pathways LLC may incorporate sustained stretching to strengthen muscles and increase flexibility. Participation is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust or discontinue the posture and ask for support from the instructor. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing practice. Yoga, mediation, Pilates, Tai Chi, and movement practices are not a substitute for medical attention, examination, diagnosis or treatment. Physical activity may not be recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice or not. By signing my name below, I acknowledge that participation in yoga classes (and other activities) exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive

