



ENGLEWOOD  
HEALTH

## Yoga and Movement Consent Form

I, \_\_\_\_\_ understand that yoga includes physical movements and as is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I further understand that yoga is not recommended and is not safe under certain medical conditions. I affirm that I am responsible to consult with a physician before participating in any physical activity and I am responsible for my decision in participating in a yoga class.

I understand that Englewood Hospital and Medical Center accepts no responsibility for personal property and I agree not to hold the facility responsible for any loss or damage to my personal property that may occur during, after, or prior to any yoga class I take.

By signing this consent form I acknowledge that I assume all risks associated with my participation in the yoga class. I further agree to irrevocably release and waive any claims that I have now or hereafter may have against Englewood Hospital and Medical Center for any injury or damage that I may suffer as a result of, or in connection with, my participation in the yoga class due to any cause including, but not limited to, the negligence of any person or entity.

By signing below, I indicate I have read and fully understood this consent form and agree to its terms of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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