

Yoga at the Museum

Informed Consent and Release of Liability Form

Kennesaw State University
Counseling & Psychological Services and Zuckerman Museum of Art
Facilitated by: Alissa Tertichny, LCSW, RYT-200

Welcome to “Yoga at the Museum!” This is a therapeutic yoga class designed to relieve stress through an intentional self-care practice at the Zuckerman Museum of Art. During yoga classes, participants will engage in yoga practices, including breath techniques, postures, and meditation. This class cultivates holistic wellbeing by fostering a mind-body connection and supporting the development of stress management skills. The following information is provided for your understanding and consent.

Informed Consent

During the class, the facilitator will model and describe activities to support you in achieving increased awareness of your thoughts, emotions, and physical sensations. Should any symptoms, pain, discomfort, or other concerns occur or change at any point, you are to immediately inform facilitator, as necessary adjustments may be appropriate. Please listen to your body and feel free to stop or alter postures as needed. You understand that there exists the possibility of bodily injury during the sessions. You understand that your facilitator is a registered yoga teacher, not a physician. You should consult with your physician about any medical or health concerns related to participation in yoga classes prior to participating in “Yoga at the Museum” classes.

Consent to Participate in Yoga and Release of Liability

My signature below indicates I have read the preceding consent and I am satisfied that I understand the nature of this class. I freely assume any and all risks of participation whether presently contemplated or hereinafter discovered. I voluntarily agree to participate in the “Yoga at the Museum” class.

In consideration of my participation in the class and on my behalf, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the workshop and/or any such related and associated activities, including malpractice, non-disclosure, or lack of informed consent. I further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered before, during or after such participation. I declare that I am physically fit and have the skill level required to participate in the activities. I further authorize medical treatment for myself,

at my cost, if the need arises. For the purposes hereof, the “Released Parties” are: Alissa Tertichny, LCSW, RYT-200, Kennesaw State University Department of Counseling and Psychological Services, Kennesaw State University Zuckerman Museum of Art, Kennesaw State University, the Board of Regents of the University System of Georgia; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

This Informed Consent and Release shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this document shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia. I understand that the acceptance of this informed consent, liability waiver, release, indemnity and promise not to sue the Released Parties, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

Student Printed Name

Date

Student Signature