



California State University, Fullerton

Yoga

PARTICIPANT CONSENT FORM

The Center for Successful Aging (CSA) is housed within the new Kinesiology and Health Science (KHS) building at California State University, Fullerton. The Director of the Center is Debra Rose, Ph.D. Through the Center's educational, research, and service activities, it has as its mission the promotion of health, vitality, and well being in later years. The Yoga class is taught in the KHS building by a trained yoga instructor.

I understand that:

- (a) The Yoga class meets for 12 weeks (twice/week for 90 minutes). Each class will be instructed by trained personnel with extensive education and experience teaching yoga to older adults. The class consists of beginning to intermediate level yoga poses, breathe work, and meditation to develop strength, flexibility, good body alignment, deeper breathing, and relaxation.
- (b) Prior to starting the training program, I will be asked to obtain a medical clearance, complete a medical activity questionnaire. Participation in the class is completely voluntary, and I am free to discontinue participation at any time.
- (c) The risks associated with the classes are minimal but the exercises performed may cause me some acute and delayed muscle soreness and physical fatigue. If I experience any physical discomfort (chest pain, leg pain, muscular discomfort, etc.) during the class I should immediately inform the class supervisor.
- (d) If I am accidentally injured during class, I understand that the instructor will offer immediate first aid (if needed), but will be unable to offer me treatment. If I am injured during class, I will be responsible to seek treatment with my own physician.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

Center for Successful Aging
800 N. State College Blvd., KHS-011C, Fullerton, CA 92831-3599
Phone: (657) 278-7012 Fax: (657) 278-1163

I have read the full content of this document. I understand my involvement as a participant and the physical risks I may encounter. I understand that I may ask any questions before I sign this document. My signature below indicates I freely consent to participate in the program.

Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against California State University, Fullerton and all testing and training personnel for injury or damage that I might incur during participation in the senior fitness class.

Participants Signature _____ *Date* _____

Witness Signature _____ *Date* _____