Dawn Robinson, LCSW, SEP
Licensed Clinical Social Worker

2512 E 71st St. Ste C
Tulsa, OK 74136

Phone 539-242-6888

Non-Clinical Yoga/Meditation Release

Name _____ DOB: _____

Phone _____ Email _____

Address _____

City/State/Zip _____

Emergency contact _____ Phone _____

I hereby agree to the following:

1. I am voluntarily participating in Yoga/Meditation sessions/classes offered by Dawn Robinson, LCSW, PLLC and I am fully aware of the risks involved.

2. I understand that it is my responsibility to consult with my physician prior to and regarding my participation in Yoga/Meditation sessions/classes. I will inform my instructor of any medical conditions, injuries, or pregnancy prior to class.

3. I release Dawn Robinson LCSW, PLLC from liability resulting from any injury or discomfort from my participation. If needed I will ask for assistance if I become uncomfortable or overwhelmed during session/class.

Signature _____ Date _____