

**Trauma Sensitive Yoga with Stacey Beth Shulman
Information Form**

Trauma Sensitive Yoga, or TSY, is different from traditional forms of yoga in that it encourages awareness and positive regard for the body through gentle movement and simple breathing exercises. TSY classes are for people of all shapes and sizes who are currently working with a therapist on issues related to trauma and/or PTSD. No prior yoga experience is necessary to participate.

TSY is not therapy, and is not a substitute for therapy. It is a body-based experience, facilitated by a certified yoga teacher, that can support the important work being done in therapy sessions.

TSY is a gentle form of movement that can bring about positive change. Because every body is different, this may happen in a single class or over the span of years. Please take care of yourself by not straining or over stretching in class, drinking enough water to stay hydrated, and stopping to rest when you need to. TSY teacher Stacey Beth Shulman cannot be held responsible for any injuries that occur in these classes or private sessions. If you have any questions, please email CurvyYogini@gmail.com.

TSY Guidelines:

- Please wear loose, comfortable clothes that you can move in during class.
- Please do not chew gum or eat anything, including breath mints, while you are in class.
- Please plan to practice in socks or bare feet.
- TSY classes can sometimes bring about strong emotions and memories, often called triggers. If you are experiencing an emotional trigger related to TSY, please let your therapist know.
- TSY classes and individual sessions are non-refundable. Should you miss a class, make-ups are not available.
- Students in TSY classes and individual sessions are required to be in therapy with a licensed therapist. If therapy sessions are terminated for any reason, students are asked not to attend TSY classes until therapy is resumed with the prior therapist or a new one.

Please list any health concerns that might affect your yoga practice, including pregnancy, joint and muscle injuries or weakness, systemic conditions, and/or illnesses:

Please list any information you would want an emergency medical response person to know, such as allergies or medications:

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Please sign below indicating that you have read and understood this form:

Print Name: _____

Signature: _____

Therapist Name: _____

Therapist Signature: _____