**What is Yoga**

Yoga as we know it most commonly in North America is an adaptation of a spiritual, cultural tradition that originated over 5000 years ago in what is now Northern India. Over time, many different traditions have evolved, with yoga finding a foundation in North America in the 1920’s and flourishing from the 1970s on-ward. It is important to recognize that historically, yoga and Ayurveda were banned in India while it was under British rule and as yoga has become more colonized in North America, there was and is an emphasis on the Asana or physical postures of yoga. Historically the Asana are only a very small part of a larger model for living that incorporates 8 limbs or areas of practice. These sessions will incorporate yoga philosophy as well as movement with the intention creating the space to truly reflect on what it means to exist as an embodied human in our current times.

**What to Expect in an Individual Session?**

We will start our meeting by discussing your hopes and goals for your individual session, and then we will begin to explore how we might go about completing those goals. We will then move into yoga philosophy and movement to help achieve your personal goals. I will emphasize invitational language, choice, awareness of the physical sensations within the body, shared experiences, and non-coercion. I will not physically adjust your body position and will not provide frequent cuing to body alignment.

**Why an Individual Session**

Folks may choose to access an individual yoga session for many reasons. These may include:

* To familiarize yourself with yoga to build up the confidence to attend a community class
* Creating the space and time to explore and adjust postures and intentions to best fit for your needs.
* Attending group spaces may feel overwhelming or unsafe for your internal system.

**What my intention is**

My hope within this yoga journey is to invite moments of embodiment, re-connection with what is nourishing in your system, and to invite space to observe and name how your system interacts with the world.

As we practice, research suggests you may feel more comfortable in your body, learn ways to manage when feelings seem to get too big and you may begin to move your focus towards more helpful thinking patterns

***I’ve Never Tried Yoga. Is That Okay?***

Students with no yoga experience, or a lot of yoga experience are welcome to attend individual sessions as the focus is on the experience of feeling and being in your body, and not on the postures themselves. Chairs can be included and utilized throughout the practice should you choose to access one.

Traditionally yoga spaces are introspective spaces, so participants are encouraged to trust their own inner guidance over the words that may be offered by the instructor and are to come out of any movements that cause sharp pain or intense discomfort. The yoga practice will be primarily a Hatha style of yoga which is often perceived as a gentle style of yoga. Students are in control over what they are doing with their body at all times.

***How Long Will This Session be?***

This session will run approximately 50-60 minutes. To get the most benefit from the practice, students may be encouraged to practice elements at home.

***Fees***

$70 per session. I use the Waveapp for invoicing purposes, and payment can be made via cheque, cash or E-transfer to quiethealing1@gmail.com. If you prefer a paper receipt, please let me know and one will be provided.

***Who is Facilitating this Space?***

Heather Rowland is a Clinical Social Worker and Registered Yoga Teacher. Heather has a passion for Trauma Centre Trauma Sensitive Training and has over 60 hours of training with the faculty of the Trauma Centre. She has taught yoga since 2013 and has attended various trainings on offering yoga to various states such as anxiety, stress, depression, anger and trauma.

Please take the time to read and complete this form and ask any questions you may have.

[ ]  I understand yoga is not a substitute for medical diagnosis and treatment and it is recommended to consult a physician prior to participating in yoga.

[ ]  I understand certain postures are not recommended for individuals with certain conditions and agree to notify my teacher of any changes to my health prior to each session.

[ ]  I understand that as in any physical activity, there is a risk of bodily harm, and I will not use force to achieve specific postures.

[ ]  I agree that if at any time during the session I feel sharp pain or intense discomfort, I will gently come out of the position or activity and rest.

[ ]  I understand that various emotions may arise during the practice of Yoga and that some of them may be challenging or uncomfortable for me.

[ ]  I understand I can pause or move to attend to my emotional needs.

***[ ]*** I understand that the instructor may take notes related to screening, or in case of emergencies. These records will be stored in a locked filing cabinet and shredded after 10 years.

[ ]  I agree that my teacher may contact me via email, text or phone regarding these sessions.

[ ]  I understand that I am completely in charge of my own body throughout this class and can choose or stop any forms at any time.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the Yoga for well-being information form and asked any questions I had. In signing this document, I agree that I have read the information and choose to release Heather Rowland, MSW, RCSW, CYA- RYT 200 from any and all liability relating to personal loss, injury, and/or damage resulting from participation in Yoga for well- being.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name Signature Date

To better assist you, please complete the following questionnaire so we can be sensitive to your health needs. Your information will be kept in a locked filing cabinet at Quiet Healing Counselling and Yoga.

Name:

Phone:

Email:

Address:

Pronouns (they/she/he etc.):

Emergency Contact Name and Number:

Would you like appointment reminders *(please circle):* [ ] Yes [ ] No

If yes, do you prefer *(Please circle):* [ ] Text [ ]  Email [ ] Phone

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **Comment** |
| Have you been hospitalized for any illness, injury or operation in the last six months? |  |  |  |
| Do you have heart disease or a heart condition? |  |  |  |
| Do you have high/low blood pressure? |  |  |  |
| Do you have stomach or bowel problems? |  |  |  |
| Do you have diabetes? |  |  |  |
| Do you have any neck, back, or joint problems? |  |  |  |
| Do you have vision problems? |  |  |  |
| Do you have asthma? |  |  |  |
| Are you challenged by any chronic condition that may impede your Yoga practice? |  |  |  |
| Do you have a history of seizures? |  |  |  |
| Are you pregnant or have you recently given birth? |  |  |  |
| Are you currently taking any medication? |  |  |  |

Is there any other information you feel it would be important for us to know?