

Stillness and Strength Yoga, LLC
Kristen Ryder, RYT200
Yoga for Survivors® Certified Instructor

Release of Information

I, _____, allow discussion between Stillness and Strength Yoga, LLC, and the following people in regards to my personal medical information that will only be used to drive my goals and provide a safe and supportive yoga program. Discussion of information may be via telephone, direct consultation, or email, unless I say otherwise. If I no longer wish for these professionals to discuss my personal medical information, I can revoke this release of information at any time. Complete all that apply:

Name, title, contact information

Name, title, contact information

Name, title, contact information

Name, title, contact information

This release of information is to last no longer than one calendar year from the date of signature, at which time a new release will be sought. Any information related to the above named client will remain strictly confidential during and post-service.

Signature below confirms understanding of the above information and consent to allow communication between Stillness and Strength Yoga, LLC, and the above named providers.

Signature: _____ Printed Name: _____

Date: _____ Phone number: _____