



# YOGA

at **uhealth** with



## Schedule

**Mondays 5:30-6:30am:**

**Restorative/Yin-Yoga** (a.k.a. Guided Napping  
\*\*\*think gentle stretching with massage and  
essential oils).

**Tuesdays 5:30-6:30am:**

**Vinyasa/Power Flow** (a moving meditation  
incorporating cardio and strength-based  
postures.)

*"To practice yoga, the only flexibility needed is that of  
your mind"*

With that being said, the following might be helpful/serve you  
within class:

\*Signed Liability of Release Waiver (required) \*Comfortable  
workout attire \*Water \*Mat \*Towel

## Join us!

Classes are now **FREE!**  
Provided by the lovely  
folks at UHealth

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\*\*\*Simply "check in" on Facebook the day before\*\*\*  
\*\*\*Please note if you will need "pickup/badge access"\*\*\*

Class will begin promptly at aforementioned times in "The  
Black Room" (East Tower on the 6<sup>th</sup> floor). If you are not an  
employee, and/or need badge access-- please arrive 15 min  
prior at the main level/front circle drive coffee cart for a  
personal escort. \*\*\*notify in advance to ensure pickup.

**"Check In"/Receive updates on Facebook**  
[www.facebook.com/UrbanVeggie719](http://www.facebook.com/UrbanVeggie719)

**And/Or Follow @urban.veggie on Instagram**

PS: Urban Veggie will be proceeding with the "3x3" rule (3 people need to RSVP by 3pm the day before for class to be held)  
\*Please Call/Text Christy at 719-301-5474 with any questions ☺



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) if so, please explain (It is your responsibility to inform the instructor of your limitations before class begins):

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

Upon signing this form, I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered by UHealth or Urban Veggie LLC. I understand that it is my responsibility to consult with a physician prior to, and regarding, my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by UHealth or Urban Veggie LLC. I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities. I hereby WAIVE AND RELEASE UHealth & Urban Veggie LLC, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities at UHealth or Urban Veggie LLC., I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. I understand that any registration fees and/or tuition for classes paid hereafter are non refundable. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Looking forward to practicing with you!



**Informed Consent and Release for Exercise Participation Fitness Facility**

**Instructions:** Please complete the waiver in its entirety and return to:  
Badging Office

MAC (Monday) or Memorial Central, Room 1509 Tuesday through Friday

Scan/email to: [IDaccess@uhealth.org](mailto:IDaccess@uhealth.org)

I, \_\_\_\_\_, hereby voluntarily give consent to engage in exercise participation at the UCHealth Central Employee fitness facility. I understand I will be performing independent exercises, without supervision or instruction, in an unmonitored fitness room. I understand the risks associated with exercise. Risks include (but are not limited to): abnormal blood pressure, fainting, heartbeat irregularities, chest discomfort, nausea, difficulty breathing, joint or muscle injury and in rare instances, heart attack or death. I understand University of Colorado Health recommends I receive clearance from my physician prior to participating in any exercise program and if I choose not to receive clearance from my physician, I accept the above risks. I understand I am responsible for monitoring my own condition throughout exercising and should any unusual symptoms occur, I will cease my participation and seek medical attention.

In consideration of being allowed to participate in exercise, I agree to assume all risks of exercise and responsibility stated above. I hereby release and hold harmless University of Colorado Health Authority, and their agents, managers, employees, trustees, attorneys, successors and assigns, from any and all health claims, suits, losses, or causes of action for damages for injury or death; including claims for negligence or loss or damage to personal property, arising out of, or related to my participation in exercise. I have read the foregoing carefully and I understand its content. Any questions, which may have occurred to me concerning this informed consent and release, have been answered to my satisfaction. As an employee of University of Colorado Health, I understand that I must have my employee ID badge with me at all times and I understand that I may not give my ID badge to my spouse or any other individual for use.

Employee Signature \_\_\_\_\_

Employee ID# \_\_\_\_\_ Date \_\_\_\_\_