

Yoga as Healing Registration Form

**Mission and Goals**

The Yoga as Healing program will explore reconnection to the self through mind, body, and spirit. In Bennett's book, *Emotional Yoga*, she reminds us that our emotions often times act as a bridge between our bodies and minds, which are intimately intertwined and connected with our emotions (2002). This program will provide survivors of sexual violence a means of becoming reacquainted with their bodies, help them become grounded in the present moment, and allow them to explore the benefits of mindfulness as they flow breath to movement in guided practice and meditation.

Memories of sexually violent experiences can be intrusive, which can create challenges for survivors. These memories can also make it difficult for survivors who are looking to establish connection in their lives and learn how to trust again. The entire experience of practicing yoga, can help survivors find union between seemingly disconnected and challenging aspects of the self; allowing participants to slowly build the pieces into an integrated whole. In *The Body Remembers: The Psychophysiology of Trauma and Treatment*, Rothschild recognizes the need for therapy to consist of helping people to stay in their bodies and to delve deeper into understanding these important bodily sensations (2000). Yoga’s focus on self-acceptance provides survivors with tangible benefits that will become noticeable throughout their practice. This gradual integration can be transformational and healing for a survivor of sexual violence.

Healing after sexual trauma requires patience and consistency. “Yoga allows survivors to regain a sense of comfort and ease within their own shape, to process nonverbally feelings that transcend language, and to experientially cultivate gratitude towards the body, which serve as a reminder of one’s resilience (Boeder, 2012).” Yoga gives survivors the opportunity to find their voice. Join us for this 5-week yoga series to find deep connection, build community, and continue on your journey to heal.

**Program Structure**

The Yoga as Healing Fall series will be a 5-week program that meets Wednesdays from 6:00pm-8:00pm. There will be two sessions offered in the spring. Each class offers survivors a safe space to gain greater awareness around strength, stability, assertiveness, and mindfulness. Classes will have different themes, focus on restorative postures, build strength in the core, and allow survivors to re-connect with themselves and build community with their peers.

Classes will establish consistency and will build upon each other each week. As a result it is important for survivors to attend each class.

*Each class will take place in the Engemann Student Health Center in ESH 101 – Trojan Conference Room.*

**Cost:** FREE
Your commitment to YOGA as Healing will benefit you by providing the opportunity to:

- Find peace and healing through your yoga practice
- Learn to establish connection in your life and trust others
- Establish safety and stability in your body and relationships in your life
- Tap into inner strength and build skills for managing painful experiences
- Build yoga and mindfulness practices
- Build a strong network and community through peer to peer connections

REGISTRATION PROCESS

- Please complete the application form below. Please be sure to answer all short answer questions.
- Completed applications can be submitted via e-mail as an attachment(s) to eshcrsvp@usc.edu.
- Applicants will be notified when their completed applications have been received.
- Applications are due on Wednesday, September 18, 2017
- Please contact the RSVP office (eshcrsvp@usc.edu)

FINAL CHECKLIST

- [ ] Completed interest form
- [ ] Completed liability waiver

Yoga as Healing
Registration Form
REGISTRATION FORMS are due before the first class you attend

Full Name: ____________________________________________ (first) __________ (middle) __________ (last)

Phone Number: ______________

Email: ______________________

Sex: Female ☐ Male ☐ Inter-sex ☐

Gender: (Check) Female ☐ Male ☐ Trans-Man ☐ Trans-Woman ☐ Genderqueer ☐ Self-Identified ☐

Age: _______ Birthdate: _______/_____/_____

Ethnicity (Please check all that apply):

☐ African American ☐ Korean/Korean American
☐ Caucasian ☐ Native American Indian
☐ Chicano/Mexican American ☐ Pacific Islander
☐ Chinese/Chinese American ☐
☐ Vietnamese/Vietnamese American ☐
☐ East Indian ☐
☐ Filipino ☐
☐ Japanese/Japanese American ☐
☐ Iranian/Persian ☐
☐ Latino/a ☐
☐ Multi-racial (Please specify): _______________________
☐ Other (Please Specify): __________________________

Educational Background:

Are you a USC student? Y or N

School/ Major ________________________________

Current Status: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐

☐ Graduate Student ☐ Medical Student ☐ Law Student ☐

N/A ☐

Dates of Program (Please CIRCLE which classes you would like to attend):
**Fridays**, Trojan Conference Room (6:00 - 8:00 p.m.)

- September 13th
- September 20th
- September 27th
- October 4th
- October 11th

*Please fill out the following health information and short answer questions:*

1. Have you ever practiced yoga before? If so, what kind of yoga and for how long?

2. Please check all that apply to you:

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Insomnia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>Lack of interest in daily life</td>
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<tr>
<td>Change of appetite</td>
<td>Low mood or sadness</td>
</tr>
<tr>
<td>Depression</td>
<td>Neck pain or swelling</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Dependence on alcohol</td>
<td>Sciatica</td>
</tr>
<tr>
<td>Dependence on drugs</td>
<td>Scoliosis</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>Self-mutilation</td>
</tr>
<tr>
<td>Headaches</td>
<td>Suicidal ideations</td>
</tr>
<tr>
<td>Heart condition</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Herniated disk</td>
<td>Weight: significant weight loss or weight gain</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

3. Please list any health problems that you are currently have:

4. Please list any medication that you are currently taking:

5. Are you currently under medical supervision from a health care provider? If so, have you discussed your interest in practicing yoga?

6. Is there anything else we should know about your physical wellbeing?
7. **Circle** any areas where you have experienced injury and place **an X** over any place where you are currently experiencing physical pain:

![Diagram of a human body with areas circled and X marked]

8. **How would you define “self-care”?**

9. **Do you regularly practice any activities that you would consider “self-care”?**

10. **Have you ever been in personal counseling? If so, with whom, when, where and how long?**
11. Are you currently working with a counselor?

12. Please describe the nature of your support systems (i.e., friendships, significant relationships, relationships with family members).

13. Why do you want to participate in the Yoga as Healing Program?

Participant’s name:
Please Print

Waiver of Liability, Assumption of Risk, and Indemnity Agreement
Waiver: In consideration of being permitted to participate in any way in hereinafter called trauma-informed yoga, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue regents of USC, its officers, employees and agents from liability from any and all claims including the negligence of regents of USC, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in trauma-informed yoga.

Signature of Parent/Guardian of Minor   Date

Signature of Participant          Date

Assumption of Risks: Participation in trauma-informed yoga carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in trauma-informed yoga. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the regents of USC, its officers, employees and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in trauma informed yoga and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.
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Signature of Parent/Guardian of Minor      Date

Signature of Participant      Date

Participant's Age (if minor)

Vol Waiver 7/01