



Phoenix Rising Yoga Therapy Consent and Release Agreement for Audio/Video Recording Practice Sessions

I, _____, hereby give Samantha Eddy
[client's name] [student practitioner's name]

permission to ☐ audio and/or ☐ video record any Phoenix Rising Yoga Therapy sessions I receive from them.

I understand Samantha Eddy is in the final stage of their Phoenix Rising Yoga
[student practitioner's name]

Therapy Certification Program and that any recordings made will be used solely for training purposes.

I understand that these recordings will be listened to/ viewed by Samantha Eddy
[student practitioner's name]

in order to write a report of our session(s) and by members of the Phoenix Rising Yoga Therapy Faculty in order to review and supervise the student's work. I further understand that written reports of our sessions may be read by members of the Phoenix Rising Yoga Therapy Faculty.

☐ I hereby give permission to use my real name in any written materials relating to our sessions.

☐ I hereby request that a pseudonym be used in any written materials relating to our sessions.

I reserve the right to revoke consent at any time by notification to Samantha Eddy
[student practitioner's name]

within 48 hours of a session. Unless otherwise revoked, this Consent and Agreement will remain in effect for six months from the date of signing.

I am 21 years of age or older or have the signature below of my Legal Guardian.

Signature _____ Date _____

Name (Please Print) _____

Address _____

Phone (h) _____ (w) _____ (c) _____

If under 21 years of age, Legal Guardian's Signature:

Signature: _____ Date _____