

## **Ecstatic Unfoldment LLC**

Livia Cohen-Shapiro M.A.

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410-205-0894

### Informed Consent and Statement of Disclosure Somatic Mentoring Private Yoga Instruction

## **Qualifications.**

Somatic Counseling Psychology M.A., Naropa University, 2013.

Psychology and Religion, B.A. University of Vermont 2006

Yoga Teaching since 2003.

## **Specializations**

1. Body-centered psychotherapeutic mentoring exclusively of yoga teachers and practitioners, or other individuals who have a regular body-mind practice. Including the following areas as they relate to life as a body-centered practitioner and/or yoga teacher and professional development: body image/disordered eating, spiritual emergence/spiritual growth, complex family dynamics, grief, trauma, and life transitions
2. Consultation and mentorship for handling and healing personal and interpersonal issues as it pertains to teaching yoga/professionalism in the field and facilitating the growth of the yoga teacher.
3. Consultation and/or Mentorship in business and professional identity of yoga teachers and mind-body practitioners.
4. Mentorship in yoga teaching excellence.
5. Individual yoga instruction for:
  1. Recovery from injury in accordance with a medical professionals diagnosis and consultation.
  2. Deepening the understanding of yoga asana and practice.
  3. Personalized Yoga instruction that includes somatic awareness techniques as it pertains to personal development.

## **Orientation**

Livia Cohen-Shapiro uses a somatic or 'body-centered' approach to all work. Meaning, she brings your awareness of your body overtly into your sessions by helping you identify and track sensations, supporting movements to sequence through your body fully, and using your body as a container of support to foster your emotional, healing, and learning processes all of which are in service to your therapeutic and/or educational goals.

Livia uses various body-centered techniques in addition to traditional dialogue depending on your needs as identified in your goal-setting work. Sessions may utilize elements from but are not limited to modalities including gestalt, motivational interviewing, somatic experiencing, sensorimotor psychotherapy, developmental movement, focusing and yoga.

Private yoga instruction pulls from methods of yoga including Iyengar, Anusara and Vinyasa. As well as body based techniques of SomaSource, BodyMind Centering and Authentic Movement.

You and Livia will co-create exactly what is to be addressed in sessions for the duration of your relationship.

### **Session Fees, Cancellation, Length of Service**

1. Mentoring sessions are one hour in length and \$108/ 60 min.
2. Private yoga sessions are one hour and fifteen minutes and \$150/ 75min
3. Payment is expected at the beginning of each session via cash, check ( made to: Livia Cohen-Shapiro) or Paypal (made to: [lgsyoga@gmail.com](mailto:lgsyoga@gmail.com)).
4. There is a **strict 24-hr cancellation policy**. Sessions canceled or moved within 24 hrs still require full payment.
5. Mentor sessions occur at the School for Ecstatic Unfoldment or through Skype.
6. Private yoga instruction can occur in your home, at the School for Ecstatic Unfoldment or via Skype.

### **Confidentiality**

1. The information provided by the mentee during mentoring sessions and the student during private yoga is legally confidential and cannot be released without the mentee/students consent. There are exceptions to this confidentiality. For example, health professionals are required to report child abuse to authorities. If a legal exception arises during session, if feasible, you will be informed accordingly. I will keep confidential anything you say as part of our counseling/mentorship/student-teacher relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.
2. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

### **Safety Release and Waiver (for Private Yoga Only):**

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. The exercises related to yoga will challenge my cardio-respiratory and musculoskeletal systems associated with; the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of the program. I understand and am aware that the components of exercise/yoga are potentially hazardous activities and may cause injury. (\_\_\_\_)
  
2. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Ecstatic Unfoldment LLC, Livia Cohen-Shapiro, or Yoga Studio of session. (\_\_\_\_)
  
3. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program or other activities or workshops. (\_\_\_\_)
  
4. I, my heirs, or legal representatives, do hereby forever waive and release Ecstatic Unfoldment LLC and Livia Cohen-Shapiro from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, workshops or use of any equipment. (\_\_\_\_)
  
5. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to sue Ecstatic Unfoldment LLC and Livia Cohen-Shapiro. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Acceptance of Terms**

I have read the preceding information, it has also been provided verbally, and I understand my rights as a mentee/student.

\_\_\_\_\_  
Mentee/Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_

\_\_\_\_\_  
Mentor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_