

## Yoga as Healing Interest Form

### Mission and Goals

The UC Davis CARE Program is excited to announce a new support service for survivors of sexual violence--Yoga as Healing. The CARE Program believes in all forms of healing and this 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.

### Program Structure

Yoga as Healing will be an **8-week program taking place during Fall quarter**. The class will meet every **Monday from 5-8p**. Each class offers survivors a safe space to gain greater awareness around strength, stability, assertiveness, and mindfulness. Classes will have different themes, focus on various restorative postures, build strength in the core, explore positive affirmations, and will also be coupled with guided activities including de-briefing exercises, journaling, and art. Classes will 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.

Below is the schedule of our classes:

Session 1: **10/1/2018**

Theme: **Intention**

Session 2: **10/8/2018**

Theme: **Safety**

Session 3: **10/15/2018**

Theme: **Mindfulness**

Session 4: **10/22/2018**

Theme: **Boundaries**

Session 5: **10/29/2018**

Theme: **Assertiveness**

Session 6: **11/05/2018**

Theme: **Strength**

Session 7: **11/19/2018**

Theme: **Trust**

Session 8: **11/26/2018**

Theme: **Acceptance and Community**

**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

### **INTEREST FORM PROCESS**

- Please complete the interest form below.
- **Disclaimer:** While we encourage you to complete the form, we understand that there may be certain questions that you are uncomfortable answering or to which you would simply prefer not to respond. Please keep in mind that you are under no obligation whatsoever to answer any questions that you are not inclined to answer. You may choose not to answer any specific questions and still participate in the Yoga as Healing Program.
- Completed interest forms can be submitted via e-mail as an attachment(s) to [jlira@ucdavis.edu](mailto:jlira@ucdavis.edu) or dropped off to the **CARE Office**.
- Applicants will be notified when their completed interest forms have been received.
- Interest forms are due no later than **September 21, 2018**
- Students will be contacted in the preferred method for an intake meeting.
- Scheduled intake meetings must be completed **before the first session on October 1<sup>st</sup>**.
- Please contact **Jacquelynn Lira, Victim Advocacy Specialist** with any questions: [jlira@ucdavis.edu](mailto:jlira@ucdavis.edu) **530-754-6387**

### **FINAL CHECKLIST**

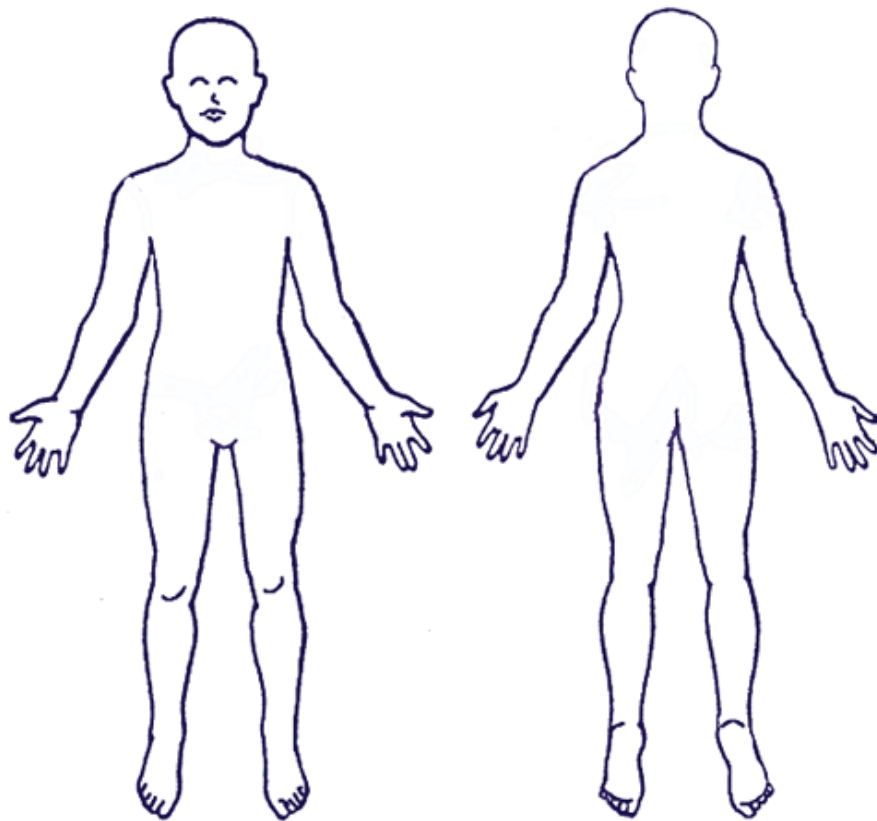
- Completed interest form**
- Waiver Form**





4. Is there any additional information you think we should know regarding your physical and mental wellbeing?

5. **Circle** any areas where you have experienced injury and place **an X** over any place where you are currently experiencing physical or chronic pain:



6. What sort of on campus or off campus resources have you used to assist you in your healing process (personal counseling/talk therapy, medical attention, legal assistance, etc.)? Please indicate effectiveness next to each item using a 1 to 5 scale (1=*Ineffective*, 5=*Extremely Effective*).



12. What activities/exercises do you practice that you would consider “self-care”? Please indicate how often you practice each activity next to each item.

13. How did you hear about this program?

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

15. Please read and sign the waiver below.

Participant's name (Please Print): \_\_\_\_\_

*UC Davis*

UNIVERSITY OF CALIFORNIA,

**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** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, 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 the University of California 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.

Signature of Parent/Guardian of Minor      Date      Signature of Participant      Date

Participant's Age (if minor)