Mission and Goals

UCI Campus Assault Resources and Education (CARE) is excited to announce a new support service for survivors of sexual violence—Yoga as Healing. The CARE Office 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 winter quarter. The class will meet every Tuesday from 7:00PM to 9:00PM beginning on January 12, 2016. 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 chakras and 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 therapy. Classes will explore strength and pain, 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 essential for survivors to attend the entire 8-week program.
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

Class Schedule *(all classes meet from 7:00 pm to 9:00 pm)*:

Session 1: Yoga as Healing Orientation 04/05/16
Theme: **Intention**

Session 2: 04/12/16
Theme: **Safety**

Session 3: 04/19/16
Theme: **Mindfulness**

Session 4: 04/26/16
Theme: **Boundaries**

Session 5: 05/03/16
Theme: **Assertiveness**

Session 6: 05/10/16
Theme: **Strength**

Session 7: 05/17/16
Theme: **Trust**

Session 8: 05/24/16
Theme: **Acceptance and Community**
APPLICATION PROCESS

- Please complete the application form below. Please be sure to answer all short answer questions, and waiver form.
- Completed applications can be submitted via e-mail as an attachment(s) to pascale@uci.edu or dropped off at the CARE Office (G320 Student Center).
- Applicants will be notified when their completed applications have been received.
- Applications are due on **Monday, March 21, 2016 by 5PM**
- Students will be contacted by phone or email to schedule an intake meeting.
- Intake meetings will be scheduled between March 21, 2016 and March 31, 2016.
- Please contact Eli Pascal, Assistant Director of the CARE Office with any questions via email at pascale@uci.edu or via phone at (949) 824-7273.

FINAL CHECKLIST
- Completed application form
- Waiver Form
- Availability Form
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/VietnameseAmerican

_____ East Indian

_____ Filipino

_____ Japanese/Japanese American

_____ Iranian/Persian

_____ Latino/a

_____ Multi-racial (Please specify): __________________________

_____ Other (Please Specify): ________________________________

Educational Background:

School/ Major ___________________________________________ GPA: __________________

Current Status:  Freshman ☐  Sophomore ☐  Junior ☐  Senior ☐

Graduate Student ☐  Medical Student ☐  Law Student ☐

Expected Date of Graduation ________________________________

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>Heart condition</th>
<th>Herniated disk</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td>Sciatica</td>
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<td>Depression</td>
<td>Pregnant</td>
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<td>Insomnia</td>
<td>Breastfeeding</td>
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<td>Headaches</td>
<td>Dizziness</td>
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<td>Change of appetite</td>
<td>Weight loss</td>
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<td>Swelling of joints</td>
<td>Low mood or sadness</td>
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<tr>
<td>Neck pain or swelling</td>
<td>Lack of interest in things</td>
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<td>Shortness of breath</td>
<td>Use of harmful coping strategies</td>
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<td>Scoliosis</td>
<td>Eating disorder</td>
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<td>Other:</td>
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3. Please list any health problems or medication you are currently taking:

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

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

![Body Diagram]

7. How would you define “self-care”?

8. Do you regularly practice any activities that you would consider “self-care”?
9. Have you ever been in personal counseling? If so, with whom, when, where and how long?

10. Are you currently working with a counselor?

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

12. How did you find out about the Yoga as Healing Program?

13. Why do you want to participate in the Yoga as Healing Program?
14. Please list your availability for Week 10 and 11 (December 1st to the 11th, 2015) in one hour blocks.

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<th></th>
<th>Monday</th>
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Select if available all day

15. Please read and sign the waiver on the next page.
1. Participant’s Name:_______________________________________

UNIVERSITY OF CALIFORNIA, IRVINE
Campus Recreation and Anteater Recreation Center Programs & Memberships

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Campus Recreation or Anteater Recreation Center Programs. Including but not limited to Activity Classes, Club Sports, Intramural Sports, Sailing Programs, Rock Climbing Wall, Cooking Classes, Outdoor Adventures, Fitness Testing, Special Events, or Drop-in Activities, hereinafter called “The Activity”, 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 The Activity.

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

Assumption of Risks: Participation in The Activity 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 to 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 The Activity. 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 The Activity 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

Participants Age (if minor) ________