



## HEALTH WAIVER and AGREEMENT OF RELEASE

Please note that all information provided on this form is strictly confidential.

### SECTION I: PERSONAL INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

(all fields required)

### SECTION II: RISK ASSESSMENT

Please list any current health conditions or health concerns diagnosed by a certified health practitioner that YOGA YOGA should be aware of in your participation of Yoga and related activities.

### SECTION III: AGREEMENT

1. In consideration of participating Yoga, I agree and acknowledge that I am fully aware that participation in Yoga involves risks and I accept all the risks of participating.

2. I agree and acknowledge that:

a. I am in proper physical condition to participate in Yoga, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.

b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.

c. I will inform my teacher, trainer or instructor of any changes to my health prior to any class or workshop or any I participate in at YOGA YOGA.

d. I understand that I am free to withdraw from or reduce my participation in the activities and programs offered or supported by YOGA YOGA at any time.

e. I am not aware of any medical condition that would affect my ability to participate in Yoga I will consult my health practitioner before participating in programs offered at YOGA YOGA.

This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under The Occupier's liability Act). If any provision

of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

I also understand that:

All payments are non-refundable or transferable for any reason, including, but not limited to vacation, illness and injury. The scheduling and content of activities may be changed on occasion and available online for reference.

BY SIGNING BELOW, Participant accepts and agrees to the terms contained in this agreement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If the participant is under the age of 18 years:**

As legal guardian of (print name): \_\_\_\_\_, I consent to stated conditions and terms.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_