

whole soul healing

BODY, MIND, AND SPIRIT

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM

Name: _____ Date of Birth: _____
Phone: _____ Email: _____
Home address: _____ Postal Code: _____
Emergency contact name: _____ Phone: _____

Main reason for attending yoga classes, pre-registered yoga series, or Wellness Program:

Do you have any of the following conditions that your instructor should be aware of:

Asthma
Heart/Circulatory Problems
Dizzy spells/Fainting
Pregnancy
High or Low Blood Pressure
Diabetes
Epilepsy/Seizures
Neck/Back/Spine injury:
Joint injury (ankle, knee, hip, elbow, shoulder)

Muscular Injury:

Other medical condition, injury or disability:

Recent Surgery:

Yoga Level:

Beginner
Intermediate
Advanced

By completing and signing this form, I hereby agree to the following:

1. That I am participating in a Yoga Class, Workshop, or Pre-registered yoga session, Wellness Programs, offered by Whole Soul Healing during which I will receive information / instruction about Yoga/wellness programs/ I recognize that yoga/wellness programs/ may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered yoga session, Wellness Programs, I certify that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session, Wellness Programs.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any yoga program, Wellness Programs, with Whole Soul Healing.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Whole Soul Healing, and Rachel Cadrin, for any injury, death or damages that I may sustain as a result of being at Whole Soul Healing facility or as a result of participating in a Yoga Class, Workshop or Pre-registered yoga session, Wellness Programs; including loss that may be caused by the negligence of the released party.
5. I release and discharge Whole Soul Healing, its directors, owners, staff and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while at Whole Soul Healing.
6. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

Participant signature:

Date:

If the participant is under 18 years of age

As a legal guardian of
I consent to the above conditions and terms.

Signature of parent/guardian:

Date:

