

AGREEMENT OF RELEASE & WAIVER OF LIABILITY YOGA

NAME _____

ADDRESS _____

CITY / PROV _____ POSTAL CODE _____

PHONE CELL _____ PHONE HOME _____

EMAIL _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

CELL _____ HOME PHONE _____

Describe and list any challenges, illnesses, injuries or medical conditions, that may affect you in this class / workshop _____

I understand that Yoga includes physical movement and exertion which may be strenuous. The risk of injury is always present. If I experience any pain, I will listen to my body and come out of the posture, immediately and assume full responsibility for my own safety.

It is my responsibility to consult with a physician prior to my participation in Yoga. I accept full responsibility for any medical conditions and limitations that are known and unknown to me.

Not all Yoga is suitable for everyone. I am responsible to decide whether to participate in Yoga. If the qualified instructor, feels it is unsafe for me to participate in any way, I will accept her recommendation or advice.

I understand that neither the instructor, nor the hosting facility is liable for any injury or damage, as a result of participating in Yoga.

I, my heirs, or legal representatives, forever release, waive, discharge and will not sue or make any other claims against Darlene Klassen O/A Full Circle Wholistic Therapy, or a substitute teacher, or assistant.

I have read, and agree with the above waiver, and fully understand it contents.

Signature _____ Date _____

Print Name _____

Legal Guardian Signature if under 18
