



Client Information and Waiver Form

Full name: _____ Email: _____

Address: _____ Postal Code: _____

Birthday (dd/mm/yyyy): _____

Phone #: _____

Emergency Contact (include #): _____

Beginner Intermediate Advanced (please circle one)

Please list any major health issues you have (such as low/high blood pressure, arthritis, asthma, diabetes, seizures, osteoporosis, heart problems and/or injuries etc.).

How did you hear about Pure Yoga Ottawa? _____

What neighbourhood are you from? _____

I, _____ hereby agree to the following:

1. That I am participating in the Yoga Class/Workshop, offered by Pure Yoga Ottawa Inc., during which I will receive information and instruction about yoga and health. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and 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 or Workshop. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in the Yoga Class/Workshop.

3. In consideration of being permitted to participate in the Yoga Class or Workshop, 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 the program.

4. In further consideration of being permitted to participate in the Yoga Class/Workshop, I knowingly, voluntarily and expressly waive any claim I may have against Pure Yoga Ottawa Inc., its owners, and class/workshop Sponsor, for any injury or damages that I may sustain as a result of participating in the program.

5. 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 as well as the Refund/Cancellation and Make-up Class Policies. I voluntarily agree to the terms and conditions stated above.

REGISTRANT'S SIGNATURE: _____ DATE: _____

If registrant is under 18 a legal guardian's authorization is required: AS LEGAL GUARDIAN OF _____ CONSENT TO THE ABOVE TERMS AND CONDITIONS.

GUARDIAN'S SIGNATURE: _____