

Yoga with AnyTing Yoga Liability Waiver and Release Form

AnyTing Yoga and The Strathcona County Museum & Archives would like to give you a warm welcome and to say thank you for choosing Ting to guide you in your yoga practice. AnyTing Yoga and The Strathcona County Museum & Archives provides yoga classes that are personalized for each individual student. Classes may include different styles of yoga such as but are not limited to, Vinyasa Flow, Restorative, Yoga Therapy, Chair Yoga, Hatha Yoga, Gentle Yoga, and/or Yin Yoga.

PLEASE PRINT

Name: _____

Birth Date: ____/____/____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems) if so, please explain: _____.

It is your responsibility to inform the instructor of your limitations before class begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the class provided by AnyTing Yoga and The Strathcona County Museum & Archives. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga class. I understand the risks associated with the activities included in a yoga class, and I agree to follow all instructions so that I may safely participate in the class. I hereby WAIVE AND RELEASE AnyTing Yoga and The Strathcona County Museum & Archives from any claim, demand, cause of action of any kind resulting from or related to my participation in the class. In taking part in the yoga class, I understand and

acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the class. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Initials: _____

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against AnyTing Yoga and The Strathcona County Museum & Archives.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Date Signed: ____/____/____

If participant is under 18: As Parent or Legal Guardian of _____,

I consent to the above terms and conditions.

Print name: _____ Signature: _____

Date Signed: ____/____/____