

# Logo

**Energy Over Matter**/Dayna Gerrard

## RELEASE OF LIABILITY WAIVER

(Please Print) Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code:

\_\_\_\_\_

Phone: \_\_\_\_\_ -Email:

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_M\_\_F\_\_ Age:

\_\_\_\_\_

Emergency Contact Name/Relationship \_\_\_\_\_ Phone:

\_\_\_\_\_

Please list any Medications, allergies, suppliments and/or health conditions in the space provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information that would be helpful to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Release of Liability:

1. I recognise that activities related to yoga, meditation and/or PEMF can involve physical activiy which may cause injury. I underestand that I must judge my own capbabilities with respect to activities and treatments. By participating in any activity or service taught by or offered by Dayna Gerrard in any location, I agree to assume all responsibilty for any risks, injury

or damages, known or unknown, that i may occur.

2. I understand that it is my responsibility to consult with a doctor/physician prior to and regarding my participation in any activity or service. I represent and warrant that I am physically and mentally fit enough to engage in any or all services I consent to. I acknowledge that it is my responsibility to inform the provider of any conditions or limitations I have, as well as to inform them if I become injured and to require adjustments or accommodations.

3. I acknowledge that there is no guarantee of the effectiveness or outcome of any class, service or activity provided. Individual results may vary.

4. I, MY HEIRS OR REPRESENTATIVES RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OR ASSERT CLAIM AGAINST DAYNA GERRARD, EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH CAUSED BY THEIR NEGLIGENCE. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST DAYNA GERRARD, EMPLOYEES, SUBCONTRACTORS, AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH AS A RESULT OF PARTICIPATING IN ANY YOGA, MEDITATION, PEMF OR OTHER SERVICE PROVIDED OF ANY KIND.

5. I have carefully read this waiver and release, I understand that I have the opportunity to negotiate its terms with Dayna Gerrard and agents. By signing this form, I voluntarily agree to the above terms, releasing Dayna Gerrard and agents from their own negligent acts.

As a Legal Guardian of \_\_\_\_\_, I consent to the above terms, conditions.

On behalf of myself \_\_\_\_\_, I consent to the above terms, conditions.

Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_