

Agreement of Release and Waiver of Liability Form

(*Please sign and date this form by hand. This form must be received by Sabu Chaitanya PRIOR to Yoga class/Intensive start date. If you would like a copy of this Agreement of Release and Waiver of Liability Form, we will be happy to supply you with one.)

I, _____ (print name) hereby agree to the following:

1. That I am participating in the Yoga Class/Intensive, offered by Sabu Chaitanya, **Ladner Fisherman's Hall, 4481 Savoy St, Delta, BC** starting on **Wednesday April 1st to Tuesday April 21st, 2020** and taught by Sabu Chaitanya, 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 condition which would prevent my full participation in the Yoga Class/Intensive.
3. In consideration of being permitted to participate in the Yoga Class/Intensive, 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/Intensive, I knowingly, voluntarily and expressly waive any claim I may have against Sabu Chaitanya, The Shanti Yoga Studio, and all of their instructors and staff, 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.
6. I recognize that refunds will not be made after the first day of class.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

REGISTRANT'S SIGNATURE:

DATE: _____