GOAT YOGA - WAIVER RELEASE OF LIABILITY FORM

Date:_____

Participant First & Last Name: _____

Participant Email: _____

Participant Phone Number: _____

Goat Yoga & Glacier Valley Farm values the health and safety of its teachers and participants. All participants are required to complete and sign the Goat Yoga Waiver Release Of Liability Form.

By signing this document and participating in these yoga classes, I acknowledge that I understand the expectations outlined below:

1. I agree to adhere to the physical distancing requirements of 2 metres / 6 feet at all times.

2. I understand the benefits of frequent hand-washing and will undertake to wash my hands for 20 seconds prior to class. Access to alcohol-based sanitizers has been identified for me to utilize upon arrival at class.

3. I agree to follow the Goat Yoga basic illness prevention hygiene strategies including leaving class or rescheduling if I feel unwell.

4. As the Centres for Disease Control and Prevention guidelines are regularly modified and updated, I accept full responsibility for familiarizing myself with the most recent COVID-19 updates and guidelines.

5. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury be it 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 will continue to breathe smoothly. I assume full responsibility for any and all damages which may incur through participation whether in person or during yoga classes.

6. 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.

7. 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 in outdoor activities during the COVID-19 pandemic is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Goat Yoga at Glacier Valley Farm and the instructor.

8. I understand that Goat Yoga involves interaction and participation with goats. Goats have hooves, horns, teeth, fur, wagging tails, and are known to nibble, jump, scratch, and play unpredictably. I understand that it is my responsibility to watch myself and any child that is under my care at Goat Yoga.

9. I understand that Goat Yoga is located in a mountain farm where the ground is uneven, there are other animals on site, and you may come in contact with various local plants and other elements such as dirt, manure, insects, tools and machinery found in farms. I accept all risks of injury, death and any property damage associated with Goat Yoga in the rural setting in which it takes place.

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 in the Province of British Columbia.

If you are under 19 years of age, a parent/guardian must sign this form.

I certify that I am of legal age and have the right to contract in my own name and on behalf of each minor. I have read, understand and agree to the terms of this waiver and release form. I have voluntarily signed this document and my signing constitutes a release of valuable rights and that I have the right to receive a copy of this form.

Participant Signature: _____

Parent or Legal Guardian's Signature:_____

Date: _____