VERNON

one yoga

Agreement of Release and Waiver of Liability

I, _____ **AGREE TO THE FOLLOWING:**

(please print name clearly)

1. That the instruction offered by One Yoga Vernon is limited to that of instruction in yoga and health.

2. That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to One Yoga Vernon.

3. I attest that I have no psychological, medical, or emotional condition that would prevent me from safe participation in a yoga class.

4. I release and discharge One Yoga Vernon, its directors, the One Yoga instructors, staff, and the company itself from any and all liability, claim, demand, or action that I may have resulting from injury, death, or damages arising from my participation in the yoga class or at the yoga studio from my participation in any yoga classes, attendance at the yoga studio or involvement in any events or activities relating to One Yoga Vernon, including loss that may be caused by the negligence of the released party

5. I release and discharge One Yoga Vernon, its directors, its instructors and staff from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the One Yoga Vernon premises.

6. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

7. To disclose any and all injuries or medical conditions that could affect my ability to participate in activities at One Yoga Vernon to the instructor

I have read this agreement and fully understand its contents and meaning, and sign it of my own free will.

Participant signature: _____   Date: _____

Phone Number: _____

Email Address: _____

Birthday *(we will gift you a free class for you and a friend!):* _____

O I would like to opt in for monthly newsletter communications

INDIVIDUALS UNDER 18: _____ 1, am the parent or guardian of the above individual and give them permission to participate in class at One Yoga Kelowna.

Parent/Guardian signature: _____   Date: _____