

**Details of Participant:**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Sex: M / F

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Please list any medical conditions, injuries, ailments, medications or severe allergies your instructor should be aware of:**

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How did you hear about YogaNation Ltd? \_\_\_\_\_

**Agreement of Release and Waiver of Liability:**

I, \_\_\_\_\_, understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, I understand that classes at YogaNation Ltd. may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. 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 will continue to breathe smoothly and hydrate myself. I assume full responsibility for any and all damages or injuries, which may incur through participation.

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 agree that YogaNation Ltd. is in no way responsible for the safekeeping of my personal belongings while I attend class. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against YogaNation Ltd., its owners, its instructors and class/workshop Sponsors.

**I have read and fully understand and agree to the above terms of this Agreement of Release and Waiver of Liability.** 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 Alberta.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If participant is under the age of 18, a legal guardian's authorization is required:

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

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_