

Country Zen Yoga
Agreement of Release and Waiver of Liability

FULL NAME: _____ EMAIL: _____

Would you like to receive our monthly online newsletter updating events, schedule changes and studio news?

PHONE: _____ CELL: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

DATE OF BIRTH dd/mm/yyyy: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

Are there any injuries, ailments or medications that the instructor should know about?

If so, please list: _____ Are you pregnant?

How did you hear about Country Zen? (Please check all that apply)

Friend Drive-by Internet Advertisement Other _____

I, (Participant's name) _____, agree to the following:

Awareness of Risks:

- I acknowledge that the instruction provided by Country Zen Yoga is limited to that of instruction in basic yoga and fitness training.
- I acknowledge that there are risks associated with participation in the activities and programs offered or sponsored by Country Zen Yoga. I have informed myself and understand the risks associated with my participation in these activities and programs and (where applicable) my use of the facilities, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the activities and programs offered or sponsored by Country Zen Yoga at any time.
- I am not aware of any medical condition that would affect my ability to participate in the activities and programs offered or sponsored by Country Zen Yoga. If I have concerns about any medical condition, I will consult my physician before participating in the activities and programs offered or sponsored by Country Zen Yoga.

Release and Waiver:

In consideration of my acceptance of my registration for the activities and programs offered or sponsored by Country Zen Yoga, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge Country Zen Yoga and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind of nature, arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by Country Zen Yoga or attending Country Zen Yoga related events, both on and off the premises of Country Zen Yoga. This release and waiver applies to all claims, foreseen or unforeseen, including negligence or breach of statutory or other duty of care (including that owed under The Occupier's Liability Act).

I agree that this release and waiver is intended to be as broad and inclusive as permitted by law. Any provision found to be invalid or unenforceable by court shall not affect the validity or enforceability of any other provision.

I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the rights to sue. I am signing this document voluntarily.

Participant's Signature: _____ **Date:** _____

If participant is under the age of 18 years:

As legal guardian of (print participant's name) _____, I consent to the slated conditions and terms.

Signature of Parent/Guardian: _____ **Date:** _____