

"Yoga for Grief" 6 Week Program: Registration /Yoga Waiver Form
(All information will be held in the strictest confidence)

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Please share where you are at on your grief journey; and what supports you currently have in your life.

Please circle which best describes your experience with yoga: beginner/ intermediate/ advanced
Are there physical limitations or health challenges you are currently experiencing?

Emergency Contact and phone number name: _____

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, 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. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical / professional attention, examination, diagnosis or treatment. Yoga is not always recommended and is not always safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my 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 hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Lynne Harley, and any yoga program/ sound therapy program that she that instructs, and I participate in.

I have read, 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 allowed by law in Saskatchewan.

Signature: _____ **Date:** _____

Registration fee: \$150 payable by e-transfer to lharley@sasktel.net or by cheque sent to: Lynne Harley, 1010 Ave. K N. Saskatoon, S7L 2N6 to be received no later than Jan 20, 2019.

