

Registration/Yoga Waiver & Release Form - April 28, 2019 Spring Retreat

Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

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 Name: _____

Emergency Contact Phone: _____

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 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 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: \$119 payable by e-transfer to lharley@sasktel.net to be received no later than Apr 24, 2019.