

Release of Liability, Waiver of Claims. and Assumption of Risks Agreement

By signing this legal document, you will waive certain legal rights, including the right to sue. Please read carefully.

I am aware that as with any form of exercise, the risk of injury can never be entirely eliminated and that I am responsible for recognizing my own physical limits. I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. If I have concerns about whether yoga is suitable for me, or if I have a particular injury or medical condition, I will consult my physician before participating in a yoga class. I will make my yoga teacher aware of any injuries or medical conditions before participating in a class.

In consideration of Jessica Lowry agreeing to my participation in a yoga class, I hereby agree as follows:

1. I am aware of all risks associated with or related to participation in yoga classes and the use of yoga equipment, particulars of which include but are not limited to the risk of injury from coming into and coming out of a yoga pose, and using props to assist in attaining certain yoga poses. Initial: _____
2. I waive any and all claims I have or may have in future against Jessica Lowry and and it's directors, officers, agents, employees, volunteers, and teachers including visiting and substitute teachers.

I agree not to sue Jessica Lowry and I release Jessica Lowry from any and all liability for any loss, damage, or expense that I may suffer as the result of my participation in a yoga class, or related activity either on or off the Saltair Community Centre premises, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care over under the *Occupiers Liability Act*, R.S.B.C 1996, c. 337, on the part of Jessica Lowry. Initial: _____

3. I accept full responsibility for any risk of bodily injury, death or property damage arising out of or related to my participation in a yoga class. Initial: _____
4. The Agreement will be binding on my heirs, next of kin, executors, administrators, assigns and personal representatives. Initial: _____

DATE: _____

NAME OF STUDENT (please print): _____

SIGNATURE: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____