

## Agreement of Release and Waiver

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How did you hear about Moksha Yoga Ottawa? .....

First Name ..... Last name..... Male  Female

Address: ..... City.....

Postal Code..... Phone Number .....

Email Address: ..... Birth Date (MM-DD-YYYY) .....

Would you like to be added to our **mailing list** to receive monthly teaching schedule and studio news? Yes  No

Have you practiced yoga before?  Yes  No Have you practiced **hot** yoga before?  Yes  No

Are there any specific **injuries, ailments or medications** that your instructor should know about? .....

I, (print your full name) ....., **AGREE TO THE FOLLOWING:**

- 1 That the instruction and services offered by Moksha Yoga Ottawa is limited to that of instruction in basic yoga and health.
- 2 That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Moksha Yoga Ottawa.
- 3 I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a yoga class, workshop or meditation session.
- 4 I release and discharge 6995292 Canada Inc., operating as Moksha Yoga Ottawa, its directors, and instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in a yoga class, workshop or meditation session, including loss that may be caused by the negligence of the released party.
- 5 I release and discharge Moksha Yoga Ottawa, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga Ottawa premises.
- 6 I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

**I am over the age of 18, have read this agreement and fully, understand its content & meaning, and sign it of my own free will**

Participant signature: ..... Date: .....

If the participant is under 18 years of age:

As legal guardian of ....., I consent to the above conditions and terms.

Signature of parent / guardian: ..... Date: .....