

Shunyata Yoga Studio - Client Enrollment and Liability Waiver Agreement

Client Name: _____ **Date:** _____

Home Address: _____ **City:** _____

Postal Code: _____ **Cell No:** _____ **Home No:** _____

How did you hear about us: _____ **Date of Birth:** _____

Emergency Contact: _____ **Ph No:** _____

Email Address: _____

(Required for updating information regarding class changes, etc. – to be protected from third party access.)
(Full Disclosure and Privacy Policy available on Shunyata Website)

Any injuries, ailments, or medications the instructor and studio should be aware of:

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

Awareness

The instruction will be limited to that of basic yoga principles and fitness training.

There are risks involved with participation of yoga classes and they are the sole responsibility of the participant. I have informed myself and understand and accept any associated risks regarding these activities and at any time with in these facilities, including the risk of personal injury.

I am not aware of any medical condition which would preclude me from participation in any activity within these premises. If I have any concerns regarding health issues, I will ensure the studio and Instructors will be made aware of these concerns prior to participation.

I have the right to withdraw or refuse participation from any activity at any time as does the studio and its instructors reserve the right to limit or refuse the participation of any student of any activity as they deem warranted.

Release and Waiver

I hereby release and discharge this studio and its staff of any responsibility and liability for personal injury, including loss of life or of loss or damage of personal property, while participating in any activity associated with this studio and its staff, on or off of these premises. This Release and Waiver applies to all claims, foreseen and unforeseen, including negligence and breach of duty of care. This agreement is intended to be broad based and inclusive as permitted by law.

I hereby acknowledge to have read and fully understand the contents of this agreement and recognize that by signing this document I waive certain legal rights, including the right to sue for what ever reason and that I am signing this document of my own free will.

Participant Signature: _____ **Date:** _____

Legal Guardian if under 18 years of age (name): _____

Legal Guardian Signature: _____