

Heron Creek Yoga & Fitness, Inc. Waiver and Release Form

Please fill out all fields

Name _____ (Male / Female)

Address _____

City _____ Postal Code _____

Phone _____ How did you hear about us? _____

Emergency Contact _____ Emergency phone _____ Relationship _____

**Email Address _____ Date of Birth _____

(Month / Day / Year)

**Email addresses will be used only for Heron Creek notices, such as schedule changes. All information is strictly confidential.

I am willing to receive, from time to time, emails from Heron Creek Yoga & Fitness. Please initial here: _____

Are there any injuries, ailments, or medications that the instructor should know about? *Please inform instructor if you are pregnant.*

What is your *main* reason for attending classes?:

Reduce Stress Tone Body Lose Weight Be More Fit Other _____

I, (name, please print) _____ agree to the following:

Awareness of risks

-I acknowledge that the instructions offered by Heron Creek Yoga & Fitness is limited to that of instruction in yoga and fitness training. I acknowledge that there are risks associated with participation in the activities and programs offered by Heron Creek.

-I have informed myself and understand the risks associated with my participation in these activities and programs and (where applicable) my use of the facilities, including the risk of personal injury, and I freely accept these risks.

- I understand that I am free to withdraw from or reduce my participation in the activities and programs offered by Heron Creek at any time

- I am not aware of any medical condition that would affect my ability to participate in the activities and programs offered by Heron Creek. If I have any concerns about my medical condition, I will consult with my physician before participating in the activities and programs offered by Heron Creek.

Release and Waiver

In consideration of the acceptance of my registration for the activities and programs offered by Heron Creek, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge Heron Creek and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the activities and programs offered by Heron Creek.

This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under /The Occupier's Liability Act/). I agree that this Agreement and Release and Waiver is intended to be as broad and inclusive as permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision.

I have read this document and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue. I am signing this document voluntarily.

Participant Signature: _____ Date: _____