

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

OFFICE USE ONLY Name: _____

Term: _____

Date: _____

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 any 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 the Iyengar Yoga Centre of Victoria agreeing to my participation in a yoga class and/or workshop, and permitting my use of their equipment and facilities, **I hereby agree as follows:**

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1. I am aware of all risks associated with or related to participation in yoga classes and workshops, and the use of yoga equipment and facilities, particulars of which include but are not limited to the risk of injury from coming into and going 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 the future against the Iyengar Yoga Centre of Victoria and its directors, officers, agents, employees, volunteers, and teachers, including visiting and substitute teachers (collectively, the "Centre").

I agree not to sue the Centre, and I release the Centre from any and all liability for any loss, injury, damage, or expense that I may suffer or that my next of kin may suffer as the result of my participation in a yoga class and/or workshop, or related activity, whether recorded or in real time, either on or off the 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 owed under the *Occupiers Liability Act*, R.S.B.C. 1996, c. 337, on the part of the Centre.

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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 and/or workshop, or related activity, whether caused by the negligence of the Centre or otherwise.

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4. This Agreement will be binding on my heirs, next of kin, executors, administrators, assigns and personal representatives.

PLEASE COMPLETE ALL FIELDS Dated: _____ at Victoria, BC

Name (please print): _____

Signature: _____ E-mail: _____

Phone: Home: _____ Work: _____ Cell: _____

Address: _____

City: _____ Prov _____ Postal Code: _____



202-919 Fort Street, Victoria, B.C. V8V 3K3