

Client Waiver Form

Personal Information *required fields



PURE
YOGA STUDIO

Name*: _____ Phone#: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email*: _____ Receive E Newsletters? ___yes ___no

Birthdate (DD/MM/YY)*: _____ Gender: male female

How did you hear about us? _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Additional info*

- Y N I am over the age of 14
- Y N Are you pregnant? If yes, please notify your instructor prior to class.
- Y N Have you ever had a heart condition/ been told that you should only do physical activity recommended by your doctor?
- Y N Do you have high or low blood pressure?
- List any present health or medical conditions, injuries, etc.

Waiver & Release*

I, here by agree to the following:

1. Even with clear instruction there is the possibility of injury and it is my responsibility to consult a physician regarding my ability to participate before coming to Pure Yoga Studio Inc. I also agree and understand that yoga is not a substitute for medical treatment or attention.
2. I attest that I have no psychological, medical, or emotional conditions that would prevent me from safe participation in Pure Yoga Studio Inc. classes.
3. I understand that it is my responsibility to inform the instructor if I do not wish to receive physical adjustments or assistance from them.
4. I release and discharge Pure Yoga Studio Inc. its associated and affiliated companies, and their respective directors, employees, and instructors from all liability, claims, demands or actions that I may make resulting from injury, death, or damages arising from my participation in class, including losses caused by the negligence of the released parties.
5. I recognize that all class passes and memberships are non-refundable, non-transferable and may be suspended at any time for any reason, including, but not limited to vacation, illness, and injury.
6. I agree that Pure Yoga Studio Inc. is not responsible in the event of loss, damage, unauthorized use, or theft to any personal property that I bring onto the premises.
7. I recognize that this agreement of release and waiver of liability is a legal contract and that I have complete knowledge of its contents.
8. I have read this agreement and fully understand its contents and meaning, and sign it of my own free will.

Signature: _____ Date: _____

If participant is under the age of 18, as a legal guardian of _____
I, _____, consent to the above conditions and terms and understand that my child must be over the age of 14 to attend HOT yoga.

Signature of parent/guardian: _____ Date: _____