



LeewiYoga.com 905.278.1118

Agreement of Release and Waiver of Liability

Name (please print): _____

Postal Code: _____

Telephone: _____

Email Address: _____

Birthday: _____

OFFICE USE ONLY	
Pass Code:	
Amount Paid:	
Method of Pmt:	Cash Debit CC Chq
Class Time:	am pm
Class Type:	Hot Regular

How did you hear about Leewi Yoga?

Are there any injuries, ailments, or medications that the instructor should know about?

During the course of a class, our teachers may use a hands-on adjustment to help you better understand a posture. If you DO NOT want a physical adjustment, please inform the teacher before each class.

I, (print name) _____ **AGREE TO THE FOLLOWING**

1. That the instruction offered by Leewi Yoga 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 with a physician regarding my ability to participate before coming to Leewi Yoga.
3. I attest that I have no psychological, medical, or emotional condition that would prevent me from safe participation in a Hot or non-heated Yoga class.
4. I release and discharge Leewi Yoga, its directors, and the Yoga 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 the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party.
5. I release and discharge Leewi Yoga, its directors, and the Yoga instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage to any of my personal property from Leewi Yoga 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 have read this agreement and fully understand its content and meaning, and sign it of my own free will.

Signature of Participant: _____

Date: _____

If the participant is under the age of 18 years:

As the legal guardian of (print name above) _____,

I, (print name) _____ consent to the above conditions and terms.

Signature of Parent/Guardian: _____

Date: _____