

# Moksha Yoga Aurora

Bodhi Yoga Inc. doing business as Moksha Yoga Aurora

## Agreement of Release and Waiver of Liability

**PLEASE PRINT**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_ I would like to receive Moksha Yoga Aurora's monthly online newsletter updating me on events, schedule changes, and studio news.

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**How did you hear about Moksha Yoga Aurora?** (Please check all that apply)

\_\_\_\_ Drive by      \_\_\_\_ Internet Search      \_\_\_\_ Promotional event (specify) \_\_\_\_\_

\_\_\_\_ Friend (specify) \_\_\_\_\_      \_\_\_\_ Article or Advertisement (specify) \_\_\_\_\_

**When is your Birthday?** \_\_\_\_\_

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

I, (Participant's name) \_\_\_\_\_, agree to the following:

**AWARENESS OF RISKS:**

- I acknowledge that the instruction offered by Moksha Yoga Aurora is limited to that of instruction in basic yoga and fitness training.
- I acknowledge that there are risks associated with participation in the activities and programs offered or sponsored by Moksha Yoga Aurora. 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 or sponsored by Moksha Yoga Aurora at any time.
- I am not aware of any medical condition that would affect my ability to participate in the activities and programs offered or sponsored by Moksha Yoga Aurora. If I have any concerns about my medical condition, I will consult with my physician before participating in the activities and programs offered or sponsored by Moksha Yoga Aurora.

**RELEASE AND WAIVER:**

In consideration of acceptance of my registration for the activities and programs offered or sponsored by Moksha Yoga Aurora, 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 Moksha Yoga Aurora 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 or sponsored by Moksha Yoga Aurora or attending Moksha Yoga related events both on and off the Moksha Yoga Premises. 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 of Release and Waiver of Liability 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 carefully 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 rights to sue. I am signing this document voluntarily.

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the participant is under the age of 18 years:

As legal guardian of (print name): \_\_\_\_\_ I consent to the stated condition and terms.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_