

YOGA/PILATES CLASSES

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Email: _____ E-Comm Consent: Yes No

Phone # _____ Address: _____

Emergency Contact: _____ Phone # _____

To be completed by office: YOGA/PILATES REGISTRATION

Session: Spring Session 2017 Dates: March 20th to June 23rd, 2017

Option: Single Class \$253.12 (\$224+HST) 10 Class Pass \$180.80 (\$160+HST)

Classes: _____

Payment Method: Credit Debit Cash Total: \$ _____ Processed by: _____

YOGA/PILATES LIABILITY PARTICIPANT WAIVER AGREEMENT

I _____ (print name) understand that Yoga/Pilates includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension.

Participation in a Yoga/Pilates class includes, but is not limited to, participation in meditation techniques, breathing techniques, and performing various poses. Yoga/Pilates poses are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine, and the entire skeletal system. They also work on the internal organs, glands, and nerves. Yoga/Pilates incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga/Pilates is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in the class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the pose, and ask for support from the instructor. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing with the poses.

Yoga/Pilates is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga/Pilates is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Yoga/Pilates. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against MacAskill Wellness Inc., its staff, and instructors.

By signing my name below, I acknowledge that participation in Yoga/Pilates classes exposes me to a possible risk of personal injury. I am fully aware of the risks and hereby release MacAskill Wellness Inc., its staff, and instructors from any and all liability, negligence or other claims arising from or in any way connected with my participation in the Yoga/Pilates classes.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against MacAskill Wellness Inc., its staff, and instructors; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in Yoga/Pilates classes.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in Yoga/Pilates classes with my doctor's full approval. I realize that I am participating in Yoga/Pilates classes at my own risk.

My signature is binding to this liability waiver from this day forth.

Signature of participant, parent or guardian

Date