

GENTLE YOGA LIABILITY WAIVER-BIST

NAME:

Text

PHONE NUMBER:

Text

ADDRESS:

Text

EMAIL:

Text

EMERGENCY CONTACT:

Text

EMERGENCY CONTACT PHONE NUMBER:

Text

WHAT IS YOUR YOGA EXPERIENCE?

Text

DO YOU HAVE ANY INJURIES OR ILLNESSES THE INSTRUCTOR SHOULD BE MADE AWARE OF? PLEASE INCLUDE CONCUSSIONS/ BRAIN INJURIES.

Text

LIABILITY WAIVER

I, THE UNDERSIGNED, ACCEPT THAT NEITHER THE INSTRUCTOR ELISE BERNARD NOR THE BRAIN INJURY SOCIETY OF TORONTO ARE LIABLE FOR ANY INJURY OR DAMAGES TO PERSON OR PROPERTY DUE TO TAKING A CLASS. I ACKNOWLEDGE THAT SUCH ACTIVITIES MAY INVOLVE RISK. I VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM AGAINST ELISE BERNARD AND THE BRAIN INJURY SOCIETY OF TORONTO. I HAVE READ AND AGREE TO THE ABOVE TERMS AND I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FIND A PACE THAT IS RIGHT FOR ME.

PLEASE CHECK THE BOX BELOW TO INDICATE YOU HAVE SPOKEN TO YOUR DOCTOR AND CONFIRMED THAT YOGA/MEDITATION IS SUITABLE FOR YOU.

SIGNATURE:

Text

DATE:

Text
