

Moksha Yoga Brooklin
Agreement of Release and Waiver



First Name _____ Last Name _____

Address _____ City _____

Postal Code _____ Phone _____

Date of Birth (MM/DD/YYYY) _____ (Let us know and get a free class on your B-DAY!)

Email for our newsletter & promotions _____

How did you hear about Moksha Yoga Brooklin: Google _____ Sign _____ Friend/Family _____ News Ad _____

Which Ad? _____ Other _____

Injuries, ailments or medications that may affect your practice? _____

I, (print given and surname) _____ AGREE TO THE FOLLOWING:

1. That the instruction and services offered by Moksha Yoga Brooklin, a division of Moksha Yoga Whitby Inc. is limited to that of instruction in basic yoga and health.
2. The even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Moksha Yoga Brooklin.
3. I attest that I have no psychological, medical, or emotional conditions that would prevent me from safe participation in a yoga class, workshop or meditation session.
4. I release and discharge Moksha Yoga Brooklin, a division of Moksha Yoga Whitby Inc., its directors and 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 a yoga class, workshop or meditation session, including loss that may be caused by the negligence of the released party.
5. I release and discharge Moksha Yoga Brooklin, a division of Moksha Yoga Whitby inc., its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga Brooklin 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 contents and meaning, and sign it on my own free will, and I am over the age of 18,

Participant Signature: _____ Date: _____

If Participant is under 18 years of age:

As legal guardian of _____, I consent to the above conditions and terms.

Signature of parent/ guardian: _____ Date: _____

