



Agreement of Release & Waiver of Liability

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

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

\_\_\_\_\_

I, \_\_\_\_\_, agree to the following:  
print first and last name

1. That the instruction offered by evolve Massage & Wellness Yoga studio is limited to that of instruction in basic yoga and health.
2. That even with clear instruction and qualified teachers, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to evolve Massage & Wellness Yoga studio.
3. When attending a yoga class, I agree that pre-existing medical conditions including but not limited to high/low blood pressure, angina, Multiple Sclerosis, Diabetes, Lupus, Thyroid conditions and/or pregnancy have been brought to the attention of the yoga instructor prior to participation (**PREGNANT WOMEN ARE NOT ALLOWED IN THE HOT YOGA CLASSES**). Certain medical conditions may put a participant of yoga at risk and I agree that it is my responsibility to discuss these concerns with a medical doctor.
4. I attest that I have no psychological, physical, medical or emotional condition that would prevent me from safe participation in a yoga class.
5. I release and discharge evolve Massage & Wellness and the teachers from any and all liability, claims, foreseen or unforeseen, 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 (including that owed under The Occupier's Liability Act).
6. I release and discharge evolve Massage & Wellness and the 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 evolve Massage & Wellness premises.
7. 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.
8. I recognize that by signing this document I am waiving certain legal rights, including the right to sue.
8. I have read this agreement and fully understand its contents and meaning, and sign it of my own free will and I am over the age of 19.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

If the participant is under 19 years:

I, \_\_\_\_\_ consent to the above conditions and terms.  
Print parent/guardian's first and last name

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_