

WAIVER / RELEASE FORM

421 Ridout Street North, London, ON N6A 5H4
 519-661-0333 • museumlondon.ca

First & Last Name			
Cell Phone		Home Phone	
Email		DOB	/ /
Mailing Address			
City/Prov		Postal Code	
Phone		Email	
Emergency Contact			
Name		Phone	
Relationship		Email	

Have you ever practiced Yoga before? If so, what kind and for how long?

Please list any injuries, medical issues, allergies, medications, and/or important medical history

LIABILITY/ STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Museum London.

**I have read, agree with, and will adhere to this information
 (Please have a parent /guardian sign if under 18 years old)**

Signature	Date / /
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