

# YOGA ON CORYDON

## PARTICIPANT INFO AND WAIVER

All information received will be treated as strictly confidential.

I wish to participate in Yoga on Corydon classes and understand that there are inherent risks in participating in an exercise class. I agree that Yoga on Corydon (YOC) and its instructors shall not be liable or responsible for any injuries to me resulting from my participation in their classes (whether at home, at the in person class or any other location) and I expressly release and discharge YOC and its instructors from any claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of my injury or other damage which may occur in connection with my participation in YOC classes, workshops or related activities. The Waiver shall be binding upon my heirs, executors, administrators and assigns.

I recognize that I must be in an adequate physical and mental health to participate in the classes. I understand that the activities may require intense physical exertion, and I represent and warrant that I am physically fit enough to participate and I have no medical condition which would prevent my full participation in the activities. I recognize that the exercises may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the classes. If I have done so I have taken the physician's advice.

In consideration of being permitted to participate in the classes, I agree to assume full responsibility for risks, injuries, illnesses or damages, known or unknown, which I might incur as a result of participating in the classes, including those that may result from the negligence of the YOC and its instructors.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my children may be exposed to or infected by COVID-19 by attending the in person classes and that such exposure or infection may result in illness, permanent disability or death. I understand the risk of being exposed to or infected by COVID-19 at the in person classes may result from the actions, omissions, or negligence of myself and others, including but not limited to the instructors and other participants. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my children (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and /or my child(ren) may experience or incur in connection with our attendance of the classes. On my behalf and on behalf of my child(ren) I hereby release, covenant not to sue, discharge, and hold harmless YOC and its instructors of and from claims, including all liabilities, claims actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes claims based on the actions, omissions, or negligence of YOC and its instructors, whether a COVID-19 infection occurs before, during, or after participating in the studio.

I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this agreement, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against any Released Party. **Those under 18 years of age must have this form signed by a parent or guardian.**

Signature of participant or legal guardian:

Date

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**PARTICIPANT INFORMATION:**

Name (Print):

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Email (optional)

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Phone #1:

Phone #2 (optional)

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