



NOURISH WELLNESS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

I ACKNOWLEDGE, agree, and represent that I understand the general nature of Yoga Classes (“Activity”) and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

I full understand that: (a) Yoga Activities involve Risks; (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place; and (c) there may be other risks or social and economic loss either not known to me or not readily foreseeable at this time as a result of my participation in the Activity.

In consideration of accepting to participate in these Yoga Classes – to be taught at Nourish Wellness Comox -I hereby, for myself, my heirs, executors and administrators, waive and release any and all right or claim to damages I may have against the teacher/organizer holding this class, their agents, representatives, successors and assigns, and Nourish Wellness Comox, for any and all injuries I may sustain during the course of the event. Also, the organizers will not be held responsible for lost or stolen articles.

_____ Name of Participant (print)
_____ Signature of Participant
_____ Date

Emergency Contact Information:

_____ Name
_____ Phone number