



<p><b>OFFICE USE ONLY</b></p> <p>Date: _____</p>
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**Member Form**

**CONTACT INFORMATION**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth (dd/mm/yyyy):** \_\_\_\_\_

**How did you hear about the studio?** \_\_\_\_\_

**Are you new to yoga?** \_\_\_\_\_

**Injuries/Physical Ailments:** \_\_\_\_\_

\* We send special offers to customers who opt in to receiving our promotions and newsletters via our New Member Form or by online request. You can revoke your permission at any time by emailing us at info@beyondyogaottawa.com or using the Safe Unsubscribe link at the bottom of our Constant Contact newsletter.

I grant permission for Beyond Yoga Studio & Wellness Centre to send me email reminders and notifications.

I grant permission for Beyond Yoga Studio & Wellness Centre to email me their newsletter and promotions.

**EMERGENCY CONTACT**

**Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**WAIVER AND RELEASE FROM LIABILITY**

**This is a binding legal agreement. By signing this form, you give up important legal rights. Please read carefully and sign on page 3.**

By registering above as a student of Beyond Yoga Studio & Wellness Centre (“Beyond Yoga Studio & Wellness Centre”), I agree to the following:

1. I will be participating in yoga classes, health programs, workshops and other wellness, exercise and healing arts activities (collectively, the “**Activities**”) offered by Beyond Yoga Studio & Wellness Centre. During the COVID-19 pandemic, the “Activities” normally offered in the physical location of the School may be offered online by videos, television, podcasts, apps or other digital media or platforms. All of such offerings, either physical or online, shall be considered “Activities.”

2. I understand that I must be in good physical and mental health to participate in the Activities. I understand that the Activities require physical exertion, and I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Activities. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Activities. If I have consulted a physician, I have taken the physician's advice. I understand that Beyond Yoga Studio & Wellness Centre reserves the right in its absolute discretion to refuse my participation in an Activity on medical, fitness or other grounds.
3. I am in proper physical condition to participate in the Activities, and I hereby acknowledge that I am aware of the risks and hazards associated with or related to the Activities that may result in personal injury, death, property damage, expense and related loss to myself. I understand that participation in the Activities could, in some circumstances, result in abnormal blood pressure, fainting, heartbeat disorders, physical injury and heart attack. I also understand that I could experience muscle, back and other injuries during exercise. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my continuing responsibility to inform Beyond Yoga Studio & Wellness Centre of any previous medical conditions, injuries or surgeries prior to my first class and any future changes to my medical condition. Without limiting the generality of the foregoing, I acknowledge that the reference to "risk" above includes the contagious nature of COVID-19 and assume the risk that I may be exposed to or infected with COVID-19 by participating in the Activities which in turn may be transmitted to myself and to any next of kin.
4. I understand and agree the Activities are not a substitute for medical treatment or attention and that I should consult with my physician prior to commencing any new activity program.
5. In consideration of my participation in the Activities, I for myself, my heirs, executors, and administrators, hereby release, waive, and forever discharge Beyond Yoga Studio & Wellness Centre, its Officer, Directors, Employees, Representatives, Agents and any other person for whom it is in law responsible (collectively, the "released parties") from any and all claims and damages I may have against any of the released parties, their representatives, successors and assigns, in respect to death, illness, injury, or loss or damage to my person or property, of whatever nature and however caused, that I may sustain as a result of my participation in the activities, and notwithstanding that the loss may have been contributed to or occasioned by the negligence, including gross negligence, any act or omission, breach of contract or breach of any statutory or other duty of care, including any duty of care owed under the *Occupier's Liability Act*, R.S.O. 1990, c. 0.2, of any one or more of the released parties.
6. I agree that Beyond Yoga Studio & Wellness Centre is not responsible in the event of loss, damage, unauthorized use, theft or injury resulting from and to any personal property that I bring onto the premises.
7. In entering into this Agreement I am not relying on any oral or written representations or statements made by the Released Parties with respect to the safety of the use or the Facilities or my participation in any of the Activities.
8. I am 18 years of age or older. I understand the legal consequences of signing this document.
9. That this Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

By signing and submitting this form, I declare that I have read, understood and do agree to the above informed consent, waiver and release of liability in its entirety.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participants must be 16 years of age or older to participate in regular programming. If the participant is under 18 years of age:**

As a legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

