

FREE SPIRIT YOGA AND PILATES

13354 237 A. St. Maple Ridge, B.C. V4R 2V9 Phone 604-463-0346

Email: Julia@freespurityoga.ca Website: www.freespurityoga.ca

WAIVER AND RELEASE FORM

I understand that Yoga, Pilates, fitness related classes and Yoga/Pilates/fitness related facilities may involve inherent risks including, but not limited to physical activity which may result in bodily injury. In consideration of Julia Shields and FREE SPIRIT YOGA AND PILATES, accepting this registration, I agree to this release of claims and waiver of liability.

I hereby waive for myself, my heirs, executors, administrators and assigns any and all claims, demands, actions or complaints I may now or in the future have and release from all liability and agree not to sue Julie shields, FREE SPIRIT YOGA AND PILATES and their respective affiliates, subsidiaries, employees, directors, officers, or agents (collectively referred to as the "Group"), for any damages, costs or losses of any kind whatsoever, including but not limited to damages, costs or losses regarding personal injury, death or property damage sustained, incurred or suffered by me as a result of any act or omission of any of the Group arising out of related participation in Yoga or Pilates classes or workshops by any of the Group.

I have read this document carefully and understand it will affect my legal rights. I have been provided the opportunity to obtain legal advice prior to signing this document.

DATED THIS _____

At: Address 13354 237 A. St.

City, Town or Municipality of Maple Ridge, B. C. V4R 2V9

in the Province of British Columbia.

Print Name _____ **Signature** _____

Phone number _____ **Email:** _____

Witness to signature _____

PLEASE NOTIFY IN WRITING OF ANY EXISTING OR PREVIOUS INJURIES,
SENSITIVITIES, ALLERGIES OR ILLNESS THAT MAY AFFECT YOUR TAKING
THIS CLASS

