

FREE SPIRIT YOGA AND PILATES

Rockridge Studio: 13354 237 A. St. Maple Ridge, B.C. V4R 2V9
Thornhill Studio: 26098 102 Ave. Maple Ridge, B.C. V2W 1K4
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WAIVER AND RELEASE FORM

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAEFULLY.

You, the member, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

A. to waive all claims, known or unknown, that you have or may have in the future against FREE SPIRIT YOGA AND PILATES, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the "organization")

B. that FREE SPIRIT YOGA AND PILATES is not liable or responsible for any damage to, loss or theft of your property:

C. to release and forever discharge FREE SPIRIT YOGA AND PILATES from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgement of FREE SPIRIT YOGA AND PILATES: and

D. to be liable for and to hold harmless and indemnify FREE SPIRIT YOGA AND PILATES from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.

DATED THIS _____

At: Free Spirit Yoga and Pilates Studios

Mailing address: 13354 237 A. St. Maple Ridge, B. C. V4R 2V9

Print Name: _____ Signature: _____

Witness to Signature: _____ Email: _____

Address: _____ Phone: _____

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

PLEASE CONSULT YOUR PHYSICIAN PRIOR TO STARTING AN EXERCISE OF FITNESS PROGRAM, AND PRIOR TO USING OUR FACILITIES.