



Date: _____

WAIVER:

(Release of liability, waiver of claims, assumption of risks and indemnity agreement)

I hereby waive any and all claims I may have against **Kali Yoga Inc.** and its teachers and release from all liability and agree not to sue for any personal injury, death, or damage to the person or property or loss sustained as a result of my participation in yoga classes and or arising out of or in connection with the use of any services or facilities of **Kali Yoga Inc.**

If you have any concerns whether yoga is suitable for you, (i.e. due to a particular injury or condition), please consult a physician before class and the teacher before the yoga session.

I have read and understood all of the above. I also understand that the instruction and advice presented at **Kali Yoga Inc.** is not meant to be used in place of professional medical advice.

By signing in the adjacent page, I absolve **Kali Yoga Inc.** and teachers of all and any liability.

KALI YOGA STUDENT (Please Print)

KALI YOGA STUDENT (Signature)

- KALI YOGA INC. REGISTRATION FORM -

Information disclosed in this document will be held in strict confidence. Please complete both sides of this form and hand to the teacher at your first class. *PLEASE PRINT CLEARLY*

NAME

ADDRESS

CITY PROVINCE POSTAL CODE

PHONE CELL E-MAIL*

EMERGENCY CONTACT PHONE NUMBER

**Privacy Policy: Kali Yoga Inc. collects personal information solely for the purpose of administration and communication of Kali Yoga Inc. studio and class activities. If you do not wish to receive email from us, please check here.*

REFUND POLICY

All punch cards, passes and packages have an expiry date. I understand that all fees for services are non-refundable and non-transferable. I have read and agree to the these terms and conditions.

SIGNATURE

DATE

To assist the teacher(s) in designing the best programs possible and to address any particular health and wellness concerns you as the participant may have, please check off any conditions below that affect you.

- Pregnant Scoliosis Peri-/Menopause Arthritis
- Asthma Headache/migraine Anxiety/depression High or low Blood Pressure _medicated _unmedicated
- Sciatica Glaucoma/eye condition Osteoporosis Ear/nose/throat conditions including active infections, allergies or sinusitis
- Injuries or surgeries within the past 8 weeks Other if you feel it is important

