

## Yoga Waiver of Liability and Informed Consent Form 2025-2026

This Release and Informed Consent Agreement is made by and between the undersigned and SHARON **MCMULLAN-BARON & Southminster-Steinhauer United Church** and entered into on the day, month and year specified below.

Name of Yoga Class: **Welcome to the Mat**

Date: **September 1, 2025 – August 30, 2026**

I understand that I am enrolling in a program of physical activity. I represent that I am in good physical condition and / or have informed the instructor of all existing medical conditions, injuries (past or present), other physical limitations, including suspected pregnancy. I hereby affirm that I have and will keep the instructor fully informed of any physical condition or disability that would prevent or limit my participation in this exercise program.

I am fully aware of the possibility of injury resulting from participation in the Yoga classes. I accept full responsibility for any injuries incurred, however caused, occurring during or after my participation in the Yoga classes.

In consideration of my participation in the Yoga classes, I agree that I am participating at my own risk. I, for myself, my heirs and assigns, hereby release SHARON MCMULLAN-BARON, or substitute instructor, and/or Southminster Steinhauer United Church, its staff or volunteers, from any claims, demands, and causes of action arising from my participation in this exercise program.

In addition, I hereby waive all claims for damage or loss to personal property that may occur in and around the premises.

I understand that payment is due at the end of each two-month session and that the drop-in rate is \$10.00 per class.

I hereby affirm that I currently reside in Canada and that I am of the age of majority in the province or territory in which I reside.

I hereby affirm that I have read, understand, and agree with all the above.

Name (print clearly) \_\_\_\_\_

Complete Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THE FORM. Thank you.**

NAME: \_\_\_\_\_

YOGA EXPERIENCE/TYPE: \_\_\_\_\_

How long have you practiced? \_\_\_\_\_

PHYSICAL ACTIVITIES YOU PRACTICE NOW: \_\_\_\_\_

\_\_\_\_\_

	Date this occurred	Treatment /Side Effects
Places you have pain now:		
Medical Conditions:		
Chronic Injuries:		

DATE: \_\_\_\_\_