

Chair Yoga Waiver of Liability and Informed Consent Form

2026-2027

This Release and Informed Consent Agreement is made by and between the undersigned and **Manjeet Gupta & Southminster-Steinhauer United Church** and established on the day, month and year specified below.

Name of Yoga Class: SSUC Chair Yoga

Date: May 6, 2026 to March 31, 2027.

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 conditions 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 **Manjeet Gupta, or substitute instructor, Southminster Steinhauer United Church, its staff and/or** volunteers, and the Arthritis Society of Canada 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 this is a free class funded by a grant from the Arthritis Society of Canada. 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.

Name (print clearly): _____

Complete Address: _____

Primary Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

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

Signature: _____ Date: _____

PLEASE COMPLETE THE BACK PAGE. Thank you.

Optional: Photo/Media Consent

- I consent to photographs or videos being taken during the program for promotional use by SSUC.
- I do not consent.

Yoga Experience and Medical Information

YOGA EXPERIENCE/TYPE: _____

How long have you practiced? _____

Medical Conditions Including pain, chronic or current injuries, etc.	Dates these occurred	Treatment /Side Effects

