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# Guest Waiver

All information received on this form will be treated as strictly confidential.  
Please fill it out completely and accurately.

## Personal Information

Name:  First  Last Sex:  Male  Female

Birth date:  dd/mm/yyyy \* free yoga on your birthday \*

Address:  Civic number  Street  Apartment  
 City  Province  Postal code

Contact info:  Home number  Cellular number  E-mail address

Do you want to receive our newsletter?  Yes  No

Are you a college or university student?  Yes  No

If "yes":  Name of institution

Have you ever practiced yoga before?  Yes  No

Have you ever practiced hot yoga before?  Yes  No

How did you hear about us? Check all that apply.

- Website
- Google search
- Walked by
- Sign
- Facebook
- Newspaper
- Magazine
- Television
- Friend (Whom?)
- Event (Which one?)
- Referral from Doctor or Therapist (Whom?)
- Other

Why yoga?

- Flexibility
- Fitness
- Stress relief
- Weight loss
- Personal awareness
- Other

Are there any specific injuries, ailments, medical conditions or medications that your instructor should know about?

In case of emergency, please contact:

Name  Home number  
 Relationship  Cellular number

## Release of Liability and Waiver of Claims

I, \_\_\_\_\_, agree to the following:  
Participant's Name

### Acknowledgement – Health & Safety

- I acknowledge that I am participating in yoga and Pilates classes as well as other programs or workshops offered by **ensō yoga inc.** during which I will receive information and instruction in basic yoga, Pilates and fitness training.
- I am aware that yoga and Pilates classes are practiced in a heated room.
- I acknowledge that my own health and safety is my responsibility.
- I attest that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent me from safe participation in activities and programs offered or sponsored by **ensō yoga inc.**

### Assumption of Risk:

- I acknowledge that even with clear instruction, there is a possibility of personal injury associated with participating in the activities and programs offered or sponsored by **ensō yoga inc.**
- I am aware of the risks, dangers, and hazards associated with exercise and in particular with the practice of yoga and Pilates in a heated room.
- I acknowledge that the floor can become slippery in a heated room.
- I accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, damage or loss resulting therefrom.

### Release and Waiver

In consideration of **ensō yoga inc.** allowing me to participate in classes, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

- I release, waive and discharge, **ensō yoga inc.**, its directors, officers, employees and instructors (all of whom are collectively referred to as the "Releases") from any and all liability for any personal injury, loss, property damages or expense arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by **ensō yoga inc.** both on and off of the **ensō yoga inc.** premises including negligence on the part of the Releases to safeguard or protect me from the risks, dangers, and hazards referred to above, and including any duty of care owed under the Occupiers Liability Act.
- I agree that **ensō yoga inc.** is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring onto the premises.
- I recognize that this Agreement and Release and Waiver is a legal contract and that it is intended to be as broad and inclusive as permitted by law.
- I have read this document carefully and I fully understand its contents and meaning. I recognize that by signing this document I am waiving certain legal rights, including the right to sue and I sign it of my own free will.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the participant is under the age of 18:

I acknowledge, that as legal guardian of \_\_\_\_\_ that I consent to the conditions and terms listed above.  
Print Name

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_