

Santosha Yoga Elgin St./Westboro

Client Information Form

Date: _____ Time of Class: _____ Teacher (*Optional) _____

Name: _____ Telephone: _____

Email: _____

*Emergency Contact:

Name: _____

Phone: _____

I _____ am a participant in Ottawa, Ontario in the Yoga program (hereinafter referred to as the 'program') of Santosha Yoga on Elgin St. /Westboro.

I declare that I understand the nature of the program, and I also understand that the nature of this document is to waive my rights against Santosha Yoga Elgin St. /Westboro and its instructors, in the event that something should happen to me while participating in the program, and that by signing this document I release Santosha Yoga and the instructors from any responsibility and liability.

I understand that Santosha Yoga Elgin St./Westboro assumes no responsibility for any loss or damage to any personal property on the premises at which the program is conducted. I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting the Yoga program and assistance provided by Santosha Yoga Elgin St./Westboro.

I acknowledge that I have been advised in this format to see my doctor to discuss any concerns I may have about participating in the Santosha yoga program.

I further acknowledge by my signature below that I have read this waiver carefully and understand its terms.

I heard about the studio through _____

*Name: _____

*Signature: _____

*Witness: _____

*Date: _____

HEALTH IS WEALTH!!!