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First Name

Home Phone

Emergency Contact Name & Relationship To You

Last Name

Email

Emergency Contact Phone Number

Yoga Waiver Form

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class.

I understand that yoga includes physical exercises as well opportunities for stretching, strengthening, and deep relaxation. As is the case with any physical activity, I accept that the risk of injury (even serious injury) is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, modify or come out of the posture in question, and seek immediate assistance from the instructor. I will breathe calmly. Yoga is not a substitute for medical attention and it is not intended to examine, diagnose or treat any condition. Yoga is not recommended and is not safe for those with certain medical conditions. I acknowledge and affirm that I am competent to decide whether or not to participate in group, or private yoga classes and I will make an informed choice before doing so.

I, (NAMED ABOVE), hereby agree to the following: I am fully aware of the risks and hazards involved in practicing yoga and yoga-related modalities. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in group or private yoga classes offered by Tabatha Knight and Jennifer Gilmore.

I represent and warrant that I am physically fit and I have no medical condition(s) that would prevent my full participation in yoga classes and that I have not, within the past 14-days, experienced any symptoms that could be associated with Coronavirus (COVID-19) or, to my knowledge, been close to anyone who was either known or suspected to have had symptoms that could be associated with COVID-19 during the same time period.

I will update my yoga teacher as to any changes in my medical condition or contact with others with known or suspected exposure to COVID-19.

I will not participate in any yoga classes if I experience symptoms, or, to my knowledge, come in contact with anyone who was either known or suspected to have had symptoms within the past 14-days, associated with COVID-19 or any other sign of illness, including, without limitation, fever, chills, cough, shortness of breath, or sore throat, or if I have a suspected, or diagnosed or confirmed case of COVID-19.

I will not engage in any inappropriate conduct or conduct which is in violation of this Agreement of Release and Waiver which could result in injury or illness to myself or others.

I have read the above release and waiver of liability and fully understand its contents and voluntarily agree to all of the terms and conditions:

Signature: