

**YOGA/PILATES/MOVEMENT SESSIONS AT SCOTIAPLAZA
WAIVER FORM**

***Please note, all of the information on this form is kept confidential.*

REGISTRANT DETAILS:

Name: _____

Address: _____

City: _____ **Prov:** _____ **Postal Code:** _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

I wish to participate in Movement sessions in person at SCOTIAPLAZA, 40 King Street West, PO Box 101, Toronto, Ontario, M5H 3Y2 CANADA, taught by Lily Eslahjou and I understand there are risks inherent in physical activity, exercise and fitness program.

I accept full responsibility for my own health and safety during my participation.

I do not hold SCOTIAPLAZA and/or Lily Eslahjou responsible for any harm that may result from my participation in this program.

I agree that my participation is fully voluntary.

The undersigned, understands that yoga/pilates/mobility/movement is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga and/or Movement class. I recognize that it is my responsibility to notify Lily Eslahjou 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.

By submitting this waiver, I acknowledge that 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.

Name (Print) _____

Signature _____

Date _____