



# Sangha Chi Yoga Healing Centre

*Strength & Calm with a Joyful twist!*

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## Waiver

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birthday: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-mail me about upcoming events & workshops: **Yes No**

Where did you hear about us? \_\_\_\_\_

As a yoga practitioner are you....

First Time \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

### **Liability Waiver**

Whether complimentary or paid, by participating in activities offered by Sangha Chi Yoga, I undersigned, hereby release and forever discharge Sangha Chi Yoga and its shareholders, directors, officers, agents, servants, & employees and her or their successors, heirs, assigns (the Releasees) of and from all actions, causes of action and exams or every kind of nature whatsoever, however caused arising out of, or in any way described below & notwithstanding that the name may have been contributed to or occasioned by the negligence of the RELEASEES or without limiting the generality of the foregoing. I also acknowledge and understand that a risk of personal injury may be involved in exercise. I, therefore agree to follow instruction carefully:

Yoga classes, workshops, intensives & study groups include techniques & exercises for developing strength & flexibility, endurance, stamina, relaxation & breath awareness may be employed in the program I am participating in & some classes may include the use of equipment in support of above techniques (mats, belts, pillows, bricks, benches etc.)

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

### **Health Information: (please circle either Y/N)**

Do you have any heart trouble? Y/N

Do you frequently have pain around your heart or chest? Y/N

Do you ever feel faint or have spells of severe dizziness? Y/N

Have you ever been told your blood pressure is too high/low? Y/N

Has your doctor ever told you that you have a bone or joint problem that might be made worse by exercise? Y/N

Do you have any other physical conditions, which would require you to proceed with caution in an exercise program?

Please specify:

Who should we contact in case of emergency (phone#):

*Namaste* ☸