



# Adishesha Yoga Zone Client Information & Waiver Form

99, Fourth Avenue, Ottawa, Ontario K1S 2L1

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

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

Home Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (name & phone): \_\_\_\_\_

Adishesha sends occasional e-mail updates on workshops, schedule changes and other important news.

Please list any major health issues you have (i.e: low/high blood pressure, arthritis, asthma, diabetes, seizures, osteoporosis etc).

How did you hear about Adishesha Yoga Zone? \_\_\_\_\_

Please list the class you are attending

Class: \_\_\_\_\_ Workshop/Course: \_\_\_\_\_

Please Circle Payment Method:

Cash    Visa    MasterCard    Cheque    Debit    Complimentary Pass

## PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU DO NOT UNDERSTAND, ASK FOR AN EXPLANATION BEFORE SIGNING.

I, \_\_\_\_\_ am a participant in Ottawa, Ontario in the Yoga program (hereinafter referred to as the "program") of Adishesha Yoga Zone.

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

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 Adishesha Yoga Zone 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 them from any responsibility and liability.

I understand that Adishesha Yoga Zone 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 Adishesha Yoga Zone.

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

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

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