



Full Name: _____

Email: _____

Phone #: _____

Emergency Contact: _____ **Phone #:** _____

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

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

How did you hear about Adi Shesha Yoga Zone? _____

Please list the class you are attending _____

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 Adi Shesha 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 Adi Shesha 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 Adi Shesha 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 Adi Shesha Yoga Zone.

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

Name: _____ **Witness:** _____

Signature: _____ **Date:** _____

Adi Shesha Yoga Zone

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