



514 Ramsay Concession 12

Almonte, Ontario K0A 1A0

613-257-7707

Acknowledgement and Waiver of Liability

(Please read, initial and sign)

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. The exercises related to yoga will challenge my cardio-respiratory and musculoskeletal systems. I understand and am aware that the components of yoga are potentially hazardous activities and may cause injury. I am fully aware of and accept the risks and hazards involved. (_____)
2. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any yoga or activity associated with Willaway Farm Inc. (_____)
3. I, my heirs, and/or legal representatives, do hereby waive and release Susan Allan and Willaway Farm Inc., Its teachers and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from use of equipment or my participation in any activity. (_____)
4. Willaway Farm Inc. is in no way responsible for the loss or damage of my belongings while I attend a class or program. (_____)
5. I grant to Susan Allan and Willaway Farm Inc. and its representatives and employees the right to take photographs or videos of me. I authorize Willaway Farm Inc. and its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Willaway Farm Inc. may use such photographs of me with or without my name and for any lawful purpose. (_____)
6. I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am giving up my right to sue Susan Allan and Willaway Farm Inc., its teachers and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature (if younger than 18): _____