

**Astanga Yoga Ottawa  
Liability Student Waiver Agreement**

I \_\_\_\_\_ (print name) understand that yoga includes physical movements and as is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

I am fully aware of these risks of injury and acknowledge that I am practicing yoga at my own risk. If I experience pain or discomfort, I will listen to my body, adjust the posture and ask for help.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga class. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in any yoga class today or in future at Astanga Yoga Ottawa.

I affirm that I alone am responsible to decide whether to practice yoga. I understand that during a Mysore class I may be asked to stop at a certain posture at any time and I agree to do so. I will respect the teacher's view and I accept that if I do not I may be asked to leave the class.

**I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Astanga Yoga Ottawa and Astanga Yoga Ottawa teacher or teacher representative of Astanga Yoga Ottawa. In further consideration of being permitted to participate in any yoga class or workshop at Astanga Yoga Ottawa, I knowingly, voluntarily and expressly waive any claim I may have against Astanga Yoga Ottawa its instructors, staff and owners.**

I will advise the teacher if I am pregnant and it is my own responsibility to decide whether to continue yoga when pregnant.

Please list any other medical conditions we should know about:

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**Signature of student, parent or guardian**

**Date**

**Address:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Tel:** \_\_\_\_\_