



West Springs/Cougar Ridge Community Association

Suite 138, Unit 406, 917 - 85 Street SW

Calgary, Alberta T3H 5Z9

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Yoga-In-The-Garden WAIVER AND RELEASE FORM

I, _____, have enrolled in the Yoga-In-The-Garden program offered by Jenna DeBoice (or a substitute certified yoga instructor) with the West Springs/Cougar Ridge Community Association. I understand that this program will be held out of doors, on the patios at the WSCR Community Hub and Garden at 25 Weston Park SW, and accept the inherent risks of participating in an outdoor program.

I understand that yoga includes physical exercises as well opportunities for stretching, strengthening, and deep relaxation. I am fully aware of the risks and hazards connected with the participation in any physical program including, but not limited to, physical injury or even death. Yoga is not recommended and is not safe for those with certain medical conditions. I hereby elect to voluntarily participate in this program knowing that the associated physical activity may be hazardous to me and/or my property.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or otherwise limit my full participation in this physical program. I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

PLEASE NOTE: If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF PARTICIPATION IN THIS PROGRAM. I hereby release, waive, discharge, and covenant not to sue West Springs/Cougar Ridge Community Association, Jenna DeBoice, substitute yoga instructor and any consultants, or volunteers, and/or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury (including, but not limited to, death) that may be sustained by me, or to any property belonging to me, while participating in this program, or while on or upon the premises where the event is being conducted including, but not limited to, any claims arising under negligence.

It is my expressed intent that this waiver and release shall also be deemed a full release, waiver, discharge, and covenant not to sue insofar as my family members, heirs, assigns, executors and personal representatives are concerned.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

Signed By: _____ Dated: _____

Print Name: _____

Emergency Contact name and phone number: _____