 **“Yoga with goats” Agreement of Release and Waiver of Liability**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following conditions that your instructor should be aware of:

\_\_Asthma \_\_ Heart/Circulatory Problems \_\_Dizzy Spells/Fainting \_\_Pregnancy \_\_High or Low Blood Pressure

\_\_Diabetes \_\_Epilepsy \_\_Neck/Back/Spine Injury (ankle, knew, hip, elbow, shoulder)

Muscular Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical condition/injury or disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **By completing and signing this form, I hereby agree to the following:** |
| 1. That I am participating in a yoga class, workshop, or pre-registered yoga session instructed by Vanessa Janko **CYI** or another CYI, during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and /or hazards involved. |
| 2. I understand that it is my responsibility to consult with a physician prior to and regarding my |
| participation in the Yoga Class, Workshop, or Pre-registered yoga session. I certify the I am physically ﬁt and have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session.  3. I agree to assume full responsibility for any risks, injuries or damages, known which I might incur as a result of participating in any yoga program at said locations (373 Rock Chapel Rd. Dundas, Ontario), including the presence of goats and alpacas, etc.  4. I knowingly, voluntarily and expressly waive any claim that I may have against said location, the owners of this property (Calvin and Sheryl Kafka) and instructor Vanessa Janko, (or other CYI) for any injury, death or damages that I may sustain as a result of participating in a goat yoga Class, Workshop Pre-registered yoga session; including loss that may be caused by the negligence of the released party.  5. I, my heir or legal representative, forever release, waive, discharge and convenient negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above. |
| Participant signature (or Guardian if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Appearance / Photo Release**  Participant understands that he / she, their child, and/ or family may or may not be photographed by Rock Chapel Ranch while participating in Yoga with Goats. As such, participants give Rock Chapel Ranch the right to use their image for the purpose of marketing platforms, websites and promotional materials for advertising. I understand I will not be compensated in any way for the use of my image.  Participant signature (or Guardian if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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