



Calm mind.
Fit body.
Inspired life.

Moksha Yoga Victoria

Agreement of Release and Waiver

HOW DID YOU HEAR ABOUT MOKSHA YOGA VICTORIA? (check all that apply)

<input type="checkbox"/> Google Search	<input type="checkbox"/> Our Website	<input type="checkbox"/> Promotional Materials
<input type="checkbox"/> Family / Friend	<input type="checkbox"/> Another Website	<input type="checkbox"/> Street Sign
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Another Moksha Studio	<input type="checkbox"/> Other:

WHAT IS YOUR POSTAL CODE? _____

IF YOU WOULD LIKE TO RECEIVE OUR MONTHLY SCHEDULES BY EMAIL PLEASE FILL IN YOUR EMAIL ADDRESS HERE (WE WILL NOT USE THIS FOR MAKETING PURPOSES)

ARE THERE ANY SPECIFIC INJURIES, AILMENTS, OR MEDICATIONS THAT THE INSTRUCTOR SHOULD KNOW ABOUT? _____

I, (print given and surname) _____, AGREE TO THE FOLLOWING:

- 1 That the instruction and services offered by Moksha Yoga Victoria is limited to that of instruction in basic yoga and health.
- 2 That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Moksha Yoga Victoria.
- 3 I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a yoga class, workshop or meditation session.
- 4 I release and discharge Moksha Yoga Victoria, its directors, and instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in a yoga class, workshop or meditation session, including loss that may be caused by the negligence of the released party.
- 5 I release and discharge Moksha Yoga Victoria, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the Moksha Yoga Victoria premises.
- 6 I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will and I am over the age of 18,

Participant signature: _____ Date: _____

Phone #: _____

If the participant is under 18 years of age:

As legal guardian of _____, I consent to the above conditions and terms.

Signature of parent / guardian: _____ Date: _____