



Welcome to Halifax Yoga!

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please Check off the following for Auto reminder/notification consent via Text Email or Both

Email: _____ Birthday (dd/mm/yy): _____

Please outline any medical conditions that we should be aware of that may hinder your participation in class: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

How did you hear about us? (Circle all that apply)

Website - Poster - News Story - Advertisement - Friend (Give a name so we can thank them) - other: _____

Release of Liability

I understand that yoga and cycling classes at Halifax Yoga can be physically strenuous and I voluntarily participate in them with full knowledge that there is a risk of personal injury, loss or death. I agree to inform the instructor of pregnancy, injury, heart conditions, illness or any other medical conditions that may hinder my participation in class. I agree that neither I, my heirs, nor legal representatives will submit claims of any kind against Halifax Yoga studio or its members for any personal property damage/loss or wrongful death, whether caused by negligence or otherwise. In signing below, I also agree that Halifax Yoga is not responsible for safekeeping of my personal belongings while I attend class. I agree that I can opt out/unsubscribe at any time for the newsletter, promotions or auto emails/texts for reminders & notifications.

Please check off box to opt in and consent:

Subscribe to email reminders & notifications Subscribe to our newsletter & promotions

Release of Liability Signature: _____ Today's Date (mm/dd/yy) _____

If participant is under 18: As legal guardian of _____, I consent to the above terms and conditions.

Signature of parent/guardian: _____



REALRYDER® INDOOR CYCLING LIABILITY WAIVER / INFORMED CONSENT FORM

Every participant is required to complete the below release form to participate in any RealRyder® Indoor Cycling Class at Halifax Yoga.

"I recognize that the class may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, and other various fitness activities."

"I agree that I must pre-register for a bike a head of time ONLINE, to save my spot, that an active pass is required, and that I may cancel online up to 12 hours prior to the start time without any penalty. Cancellations after that time will count as a class used and a charge may apply. All unused classes will return to my account for future use. There are no refunds for any payments made."

"For safety reasons, I understand I can only attend classes that I arrive before class and can stay for the entire class-through cool down and stretching and late comers or early leavers cannot be accommodated due to the size and class set up.

"I recognize the policy on attire and class preparation and that bare feet or sock feet will not be permitted. I agree that cycling shoes will not be permitted outside of the cycling studio room."

"I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program."

"I acknowledge that my present and subsequent participation is purely voluntary and in no way mandated by Halifax Yoga."

"In consideration of my participation in this program, I, hereby release Halifax Yoga from any claims, demands, and causes of action as a result of my voluntary participation or enrollment."

"I fully understand that I may injure myself as a result of my enrollment or subsequent participation in these classes and I hereby release Halifax Yoga from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to; heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Any person who participates in RealRyder® activities or services provided by Halifax Yoga shall do so at his/her own risk. He or she shall assume all risk involved, including but not limited to all loss or stolen property, cost, claim, injury, death, damage or liability sustained while participating.

Participant Printed Name

Participant Signature

Date

Email

Under Age 18: _____ (Signature of Legal Guardian) _____ (Phone #)