



Registration Form and Waiver

Name _____

Mobile _____ Home Phone _____

Email _____

I agree to be added to Pathway Yoga's email lists (check here):

Please describe injuries or conditions that might affect your participation in yoga classes.

Waiver - Student Responsibility

I understand that yoga classes may result in injury to me. I agree to inform my teacher of any injury or any medical or other condition I have, before registering for yoga classes. If I experience pain or any abnormal reaction during class, I will tell my teacher immediately. I agree that I am responsible for myself during yoga classes. I release Pathway Yoga and all its teachers from claims, actions or damages arising from injury or loss to myself or my property incurred while practicing yoga at Pathway Yoga or anywhere else, even if the injury or loss may have been caused by Pathway Yoga or any of its teachers. This waiver applies to both in-studio and online Pathway Yoga classes.

Registration Fees

I agree that registration fees are non-refundable, except in special circumstances.

Signature _____ Date _____
mm dd yyyy

Pathway Yoga

346 Richmond Rd., 2nd Floor, Ottawa ON K2A 0E8
pathwayyoga.ca 613.806.9642 welcome@pathwayyoga.ca

