

Luciana's Hatha Yoga Classes

www.angatu.ca | Telephone: 403-467-1184



GENERAL HEALTH AND WAIVER FORM

In order to participate in a community course/workshop, please fill out all sections.

Class/Workshop Name: _____ **Participant Name:** _____

Email: _____ **Gender:** _____

Birth Date (mm-dd-yy): _____ **Phone Number:** _____ **Postal Code:** _____

Subscribe to our newsletter to receive emails about upcoming classes and events? Yes ____ **No** ____

Emergency Contact Person (for Child/Youth participants please provide parent/guardian contact information):

Name: _____ **Phone:** _____

Consent to Medical Treatment

The Participant and/or Guardian agrees to hereby give permission to have Angatu Studio (Luciana Kuamoto) arrange for any emergency medical care including hospitalization and transportation, the administration of such emergency medical treatment as may be deemed necessary in the circumstances.

Waiver of Liability and Indemnity

The Participant and/or Guardian agrees to hereby hold harmless and indemnify Angatu Studio (Luciana Kuamoto) for any all liability for any property damage or personal injury to the participant and/or Guardian or any third party resulting from participation in this course/workshop. The Participant and/or Guardian hereby further agrees that Angatu Studio (Luciana Kuamoto) shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, fatality, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by this Waiver Form, whether or not such injury, damage or loss occurred as result of any negligence, negligent misrepresentation, breach of statutory duty, and/or breach of contract on the part of Angatu Studio (Luciana Kuamoto).

Assumption of Risks

Participation in this course/workshop may involve various risks, dangers and hazards which all Participants and/or Guardians are required to assume. The Participant and/or Guardian hereby freely accepts and fully assumes all such risks, dangers and hazards and the possibility of personal injury, property or loss resulting therefrom.

Photo Release

The Participant and/or Guardian hereby authorizes Angatu Studio (Luciana Kuaoto) to photograph, film and/or interview the Participant, and to publish said photographs, film and/or interviews in Angatu Studio (Luciana Kuamoto) publications/printed material, including marketing and promotional materials, and Angatu Studio's official website. I release and forever discharge Angatu Studio (Luciana Kuamoto) from all actions, causes of actions, claims and demands with respect to any such use except as agreed to in writing.

I HAVE READ THE ABOVE GENERAL HEALTH AND WAIVER FORM, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

X _____
Signature of Participant/Guardian

X _____
Date (mm-dd-yy)

CTT is committed to protecting the privacy of the personal information of our students and patrons. Personal information on this form will be used for the purpose of administering CTT's program and to contact you should an emergency situation arise.

Please return this form to Civic Theatres Toronto staff at your first class – thank you!