

495 Hot Springs Road
Harrison Hot Springs, BC, V0M 1K0
604-796-2171
info@harrisonhotsprings.ca

Information

All applicable sections must be completed.

Chair yoga will be held from October 29th – December 3rd, 2024 at Memorial Hall. The program is a free 6-week pilot program and an Age-Friendly initiative. The program is free and open to all ages and abilities. Sessions will be facilitated by Crystal Spirit Yoga and Healing.

Please ensure all waivers are reviewed and completed. Only registrants with completed and signed forms may participate.

Registrant

Name: _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Chair Yoga

The 6-week chair yoga program is a pilot program activity and an Age-Friendly initiative. Chair yoga is an adapted yoga practice that allows you to stay seated while practicing yoga focused poses - a low impact and low barrier activity. Yoga blocks are available, first come first served.

Please select the dates you are hoping to attend:

- Tuesday, October 29 from 9:00am – 10:00am
- Tuesday, November 5 from 9:00am – 10:00am
- Tuesday, November 12 from 9:00am – 10:00am
- Tuesday, November 19 from 9:00am – 10:00am
- Tuesday, November 26 from 9:00am – 10:00am
- Tuesday, December 3 from 9:00am – 10:00am

Waivers – FOR OFFICE USE ONLY

Please ensure all waivers are reviewed and signed:

- Village of Harrison Hot Springs waiver
- Crystal Spirit Yoga and Healing waiver

Registrants Signature: _____ Date: _____



RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF ALL RISKS

Chair Yoga

PLEASE READ CAREFULLY

TO: Village of Harrison Hot Springs

I wish to participate in chair yoga and acknowledge that in order to do so, I must agree to be bound by this Release of Liability, Waiver and Assumption of Risk. I understand and acknowledge the risks and hazards of chair yoga and accept full responsibility and agree to participate in chair yoga at my own risk.

I hereby waive any and all claims that I may now and in the future have against, and release from all liability and agree not to sue the Village of Harrison Hot Springs and their respective agents, officers, employees, volunteers, elected officials, or representatives (the "Released Parties") for any loss, damage, personal or bodily injury, death sustained or suffered by me as a result of my participation in chair yoga due to any cause whatsoever, including without limitation, negligence, fault or breach of statutory duty, including duties arising from *Occupiers Liability Act*.

In no event will the Village of Harrison Hot Springs be liable for any loss, damage, personal or bodily injury or death nor for any loss of or damage (including indirect or consequential damages) that I suffer whether attributable to or arising out of my participation in chair yoga or by reason of any matter or thing done or permitted.

I confirm that I am the age of majority and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon me, my heirs, executors and administrators.

Signed this ___ day of _____, 2024 at _____, British Columbia.

Participant's Signature

Participant's Printed Name

**Waiver for Village of Harrison Hot Springs/ Crystal Spirit Healing
Oct 2024**

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress, re-education, and relief of muscular tension.

As with any physical activity, the risk of injury, even severe or disabling, is always present and cannot be eliminated.

If I experience any pain or discomfort, I will listen to my body, adjust my/the posture, and ask for support from the teacher, and I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment.

Yoga is not recommended and is not safe under certain medical conditions.

I affirm that I alone am responsible for deciding whether to practice yoga.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Elizabeth Mueller or any visiting teachers /instructors/guides.

I have read, clearly understand, and agree with the above statement.

Date: _____ Age _____

Name (printed): First _____ Last _____

Signature: _____

Phone Number: _____ - _____ - _____, option: _____ - _____ - _____

Emergency Contact (printed):

First _____ Last _____

Phone Number: _____ - _____ - _____, option: _____ - _____ - _____

Relationship to you: _____