



Cloverdale Community League Waiver Form

This agreement affects your legal rights so please read it carefully.

I am aware that there may be risks associated with (your name)

_____ participating in (fitness/course name) _____ activities. These risks may be (but are not limited to) falls, muscle strains, sprains, tears, joint injuries, dislocations, overstretching, stiffness, soreness, my own physical condition and the physical exertion associated with any of these activities.

My participation is completely voluntary, and I freely accept and fully assume all responsibility for all risks and possibilities of personal injury, death, property damage or loss to myself or any other person as a result of my participation in these fitness/yoga activities.

I and all of my spouse, children, parents, heirs, next of kin, executors and assigns agree:

1. To waive all claims known or unknown, that I have or may have in the future against (instructor name) _____ or any substitute teacher, or the venue facility/location owners namely but not limited to Cloverdale Community League.
2. That neither (instructor) _____ nor any substitute instructor on the above-mentioned facility owner will be held liable or responsible for any damage to, loss or theft of my property.
3. To release and forever discharge instructor or substitute or the above mentioned venue/owner from all liability for personal injury, death, property damage or loss resulting from my participating in fitness activities due to any cause, including, but not limited to negligence (failure to use such care as a reasonably prudent and

careful person would use under similar circumstances) breach of any duty imposed by law, breach of contract or mistake in error of judgement of (instructor)_____ or any substitute instructor or the above mentioned facility/owner.

4. To be liable for and hold harmless and indemnify (instructor)

_____ or any substitute instructor, or the above-mentioned facility/owner from all actions, proceeding, claims, damage, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any connection with my participation in fitness/yoga activities. Please be advised that it is your responsibility to contact your physician prior to starting any exercise fitness/yoga program and prior to using the facility where such a program is offered.

Name: _____

Address: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

Email: _____

CCL Membership # (if applicable): _____