



WAIVER

I waive and release Path of OM, its members, agents, contractors, employees, officers and directors (hereinafter, collectively, Path of OM), from and against any and all claims, demands, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, that I have now or hereafter may have against Path of OM (hereinafter, collectively Claims), provided that the Claims do not arise from acts of gross negligence or intentional, willful or wanton misconduct.

By signing below, I acknowledge that participation in yoga classes, workshops, events or other activities conducted by, offered by or on the premises of Path of OM (hereinafter, collectively, Yoga Classes) exposes me to a potential risk of such personal injury. I understand that yoga includes physical movements, body weight exercises, stretches, breathwork, meditation and relaxation.. As is the case with any physical activity, the risk of injury, even serious or disabling including death, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the teacher. I assume full responsibility for any and all damages, which may incur through participation. I am fully aware of this risk and knowingly and voluntarily, on behalf of myself, my heirs, assigns, next of kin and legal representatives, waive, release Path of OM from and assume full responsibility for all Claims.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Under certain medical conditions, Yoga is not recommended and is not safe. By signing, I affirm that a licensed physician has verified my (or any minor child who is the subject of this Waiver and Release) good health and physical condition to participate in such a fitness program. In addition, I will make the teacher aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Path of OM and its staff.

I hereby certify that I have read this document; and, I understand its contents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I also understand I may be photographed. during yoga classes or related activities. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Teacher or Path of OM. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the Province of Ontario.

