

# Registration Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Postal Code \_\_\_\_\_

We wish to welcome you to Synergy Sports Medicine @235 Wallace Avenue, Toronto. We hope that your movement therapy experience here is enjoyable, and that movement awareness will become an integral part of your life as it has ours.

Please take responsibility for your own body. Move with awareness and care and do not push beyond your own capabilities. If you have a medical condition, i.e. low or high blood pressure, heart condition, or previous or current injuries, please let your teacher know.

We ask that you sign this waiver as a mutual expression of good faith.

**Release of Liability, Waiver of Claims  
Assumption of Risks and Indemnity Agreement By Signing this Document You  
Will Waive Certain Legal Rights, Including the Right to Sue  
Please Read Carefully**

**To: Synergy Sports Medicine Inc.**

I am aware that Pilates and Yoga are physical activities and that I could injure a part of my body or trigger or exacerbate any medical condition I may already have, such as a heart condition, asthma, blood pressure, pregnancy or any other medical condition which may be affected by performing breathing exercises or moving in a physical way.

**I freely accept and fully assume all physical risks to my body or my health which may arise from my taking Pilates or Yoga including the risks of health hazards referred to above and I freely accept and fully assume the possibility of personal injury or loss resulting therefrom.**

I agree to waive any and all claims that I have or may have in the future against Synergy Sports Medicine, its teachers or its teaching assistants and to release Synergy Sports Medicine Inc., its teachers or its teaching assistants, from any and all liability for any personal injury or injury to my health or consequential loss I may suffer or that my next of kin may suffer on my behalf, arising out of or as a result of my doing Pilates or Yoga including negligence on the part of Annalene Richter or Synergy Sports Medicine Inc. or its teachers or teaching assistants or breach of any statutory or other duty of care, including any duty of care owned under the Occupiers' Liability Act, R.S.O. 1990, c.o.2. or the part of any of them.

And further I agree to hold harmless and indemnify Synergy Sports Medicine Inc. , its teachers and teaching assistants from any liability which may arise out of or result from any personal injury to my health or resulting or consequential damages therefrom and this Release shall be effective and binding upon my heirs, next of kin, Executors, Estate Trustees, Administrators and assigns and representatives.

I have read and understood this release prior to signing it, and I am aware that by signing it I am waiving certain legal rights which I or my children or my heirs or next-of-kin, Executors, Estate Trustees, Administrators, Assigns or Representatives may have against Mind the Body Inc., its teachers or teaching assistants.

Signed this day of \_\_\_\_\_ in the year of \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Releaser