

# STUDENT WAIVER FORM

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
 Mobile  Home  Work  
Alternate phone: \_\_\_\_\_  
 Mobile  Home  Work  
Email: \_\_\_\_\_  
Emergency contact  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**ADMIN**  
Paid: Yes | No  
Method:  
Visa | MC | Debit | Cash  
Package: \_\_\_\_\_  
Student #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I \_\_\_\_\_ am a participant in Iqaluit, Nunavut in the Yoga, Pilates or Dance program (hereinafter referred to as the 'program') of Saimavik Studio on 754 Ben Ell Drive.

I declare that I understand the nature of the program, and I also understand that the nature of this document is to waive my rights against Saimavik Studio and its instructors, in the event that something should happen to me while participating in the program, and that by signing this document I release Saimavik Studio and the instructors from any responsibility and liability.

I understand that Saimavik Studio assumes no responsibility for any loss or damage to any personal property on the premises at which the program is conducted. I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting the program and assistance provided by Saimavik Studio.

I acknowledge that I have been advised in this format to see my doctor to discuss any concerns I may have about participating in the yoga program with Saimavik Studio.

I further acknowledge by my signature below that I have read this waiver carefully and understand its terms.

\*Signature \_\_\_\_\_  
\*Witness \_\_\_\_\_  
\*Date: \_\_\_\_\_

If under 18, parents permission and signature required above in place of child.



**S A I M A V I K**  
*place of happiness*