

# 2020 Yoga Pledge Form

Participant Name: \_\_\_\_\_

Team (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

First Name	Last Name	Phone Number	Address	City	Prov	Postal Code	Amount Paid	Receipt (Y/N)

**BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO RELEASE AND WAIVE LIABILITY (See below. Read carefully)**

Date \_\_\_\_\_ Participant Name \_\_\_\_\_ Signature X \_\_\_\_\_  
(Print Name)

I AGREE that at all times during the Yogathon, Karma Days and associated events, my personal safety remains my sole responsibility. I am aware of the health and safety risks of participating in the event and assume all such risks. I hereby give full permission to Schizophrenia Society of Ontario for the use of my name and photograph in connection with the Yogathon. IN CONSIDERATION and the acceptance of my participation in the Yogathon, I for myself, my heirs, administrators and legal representatives RELEASE, WAIVE AND FOREVER DISCHARGE expenses and all liability to Schizophrenia Society of Ontario and any Parties in respect of death, injury, loss or damage to my person or property which may be sustained as a result of my participation in the Yogathon. The term "Parties" means the staff and volunteers of Schizophrenia Society of Ontario and all other associations, bodies, and sponsoring companies and all their representatives and successors.

Please ensure information is legible and complete. Prizes will be awarded based on funds submitted at the event. Make all cheques payable to "Schizophrenia Society of Ontario" Questions? Please contact [msue-ping@schizophrenia.on.ca](mailto:msue-ping@schizophrenia.on.ca) or visit [www.peaceofmindsyoga.ca](http://www.peaceofmindsyoga.ca)  
Schizophrenia Society of Ontario  
300-95 King St. East  
Toronto, ON, M5C 1G4 1-800-449-6367  
Charitable # 129 904 058 RR0001