

HOT YOGA WELLNESS® Member Agreement of Release & Waiver of Liability

Free Pass for First Time Visit* at any Hot Yoga Wellness Studio. Please print, complete and sign (*for most classes)	OFFICE	EASE-E-CLUB Only						Amount Paid				Client First Plan	
		1.		2.		3.							
		Mmbr File		New Visit		ReceiptEntry		\$					
		Y	N	Y	N	Y	N	D	M	V	C	Staff Name?	

PRINT LAST Name **FIRST Name:**

How did you find us? Name of your friend: or Google..... Flyer.....
FIRST Name LAST Name
 Sign Which Newspaper?..... Name Which Promotion? Name..... or ?

I will always inform EVERY INSTRUCTOR of any injuries, ailments or medications listed as follows:

Your Address: City..... Postal.....

E-Mail PRINT CLEARLY..... **Phone** _....._.....

Birthdate: day / MONTH / year **Emergency*** Male.....Female..... **Contact#:**
(*In Case of Emergency)

Today's DATE: day / MONTH /2011

I understand that it is my responsibility to advise every instructor(s) of any physical conditions which may limit my participation in a heated yoga studio and to work within my limitations. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

In consideration of being allowed to participate in yoga classes, events and other activities at Hot Yoga Wellness, I agree to waive my rights to ordinary negligence issues, understanding that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support and advice from the instructor. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga practice and/or specific poses are not recommended and are not safe for individuals with certain medical conditions.

I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation in a heated studio. I affirm that I alone am responsible to decide whether to practice yoga. I have no medical condition which would prevent me from taking part in yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation.

I hereby agree and covenant not to make a claim against, sue or attack the property of Hot Yoga Wellness or any of its affiliated companies, organizations or above mentioned parties. I also agree to irrevocably release and waive any claims that I have now or hereafter may have against Hot Yoga Wellness, its agents, owners, officers, directors, instructors, sponsors, and other participants.

I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

YOUR SIGNATURE **Welcome to the studio!**

Your relaxation and workout place! Hot Yoga is simply the best! Have many wonderful classes!

GUARDIAN'S SIGNATURE (If you are under 18)