

Hot Yoga Harrisonburg Registration and Liability Waiver

Name _____ Birthday _____ Gender _____

Address _____ Phone _____

Email _____ Emergency Contact _____

Emergency Contact Relationship _____ Phone _____

How did you hear about us? _____

If a friend referred you, please list his/her name _____

Health Issues or Injuries _____

1. I choose to participate in yoga classes, health programs, or workshops offered by Hot Yoga Harrisonburg during which I will receive information and instruction about yoga and health. These classes entail intensive physical activity in a heated room. I recognize that such activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.

2. I understand that it is my responsibility to consult a physician regarding my participation prior to the yoga class and to receive approval to participate. I agree that I have no medical condition or injury which would prevent my participation in yoga classes offered by Hot Yoga Harrisonburg.

3. I knowingly, voluntarily, and expressly waive any claim I may have or acquire from Hot Yoga Harrisonburg, and the landlord of the premises at which it operates for any injury, condition, or damages that I may sustain as a result of entering, being on the premises, or participating in yoga classes.

4. I understand that it is my continuing responsibility to inform the instructor(s) at Hot Yoga Harrisonburg of any previous or existing medical conditions, injuries, or surgeries prior to my first class and at such time that changes in my health occur. If I am pregnant or should become pregnant, I will not participate in yoga classes until the end of the first trimester and will obtain written consent from my physician.

5. The tuition paid now and hereafter is non-refundable, except at the discretion of the owners of Hot Yoga Harrisonburg.

6. I understand that except for a monetary refund, I have no claims against Hot Yoga Harrisonburg if I should be denied participation in yoga classes.

7. I have read the above Liability Waiver and fully understand its contents. I voluntarily agree to the terms and conditions above.

Signature _____ Date _____