

hot yogä: studio

Registration Form



Name _____

Address _____

Postcode _____

Telephone _____ Mobile _____

Email _____

Your email will not be passed on to third parties but will be used to update you on class schedule updates, future offers, and studio news. If you do not wish to be on our mailing list please tick box

Date of Birth _____ Male: Female:

Have you practised yoga before? Yes No

Please tick any medical conditions that apply to you:

Have you ever been diagnosed with a heart condition?

Do you suffer from:

Epilepsy? Joint problems? Dizzy spells?

High blood pressure? Low blood pressure?

Are you pregnant / have you given birth in the last 6 months?

Are you under-weight? If so, has your doctor approved your exercise?

Have you recently been diagnosed with a slipped disc?

If you have ticked any of the above, please inform your teacher before class.

In consideration of, and as an inducement to enrolling as a student I represent and agree as follows:

1. I am in a good state of health / I have been examined by a licensed doctor within the past six months and have been found by such doctor to be in good physical health and fully able to perform all yoga exercises which I am to learn during my enrolment with you.
2. I will faithfully follow all instructions given to me by you and your instructors as to when, where and how to perform and not perform yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
3. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only and I will not hold you, your partners, instructors or employees to any higher standard of care than that applicable to the yoga theory and exercises.
4. These classes entail intensive physical activity (conducted in a heated room - approximately 30°C) and exertion by me. I recognize that such physical 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 any risks and hazards involved.
5. I understand that it is my responsibility to consult with a physician and receive approval prior to and regarding my participation in Hot yoga. I represent and warrant that I am physically fit and I have no medical condition or injury which would prevent me from fully participating in Hot Yoga. Any impairment I have I will disclose to you in writing.
6. In consideration of being permitted to participate in Hot Yoga, I agree to assume full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participation.
7. In future consideration of being permitted to participate in Hot Yoga, I knowingly, voluntarily and expressly waive any claim I may have against Hot Yoga, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in Hot Yoga.
8. My heirs and legal representatives forever release, waive, discharge and covenant not to sue Hot Yoga, for any injury, condition, or death which arises, is caused by or is aggravated by reason of my participation in Hot Yoga.
9. I understand that it is my continuing responsibility to inform the instructor(s) at Hot Yoga of any previous or current medical conditions, injuries or surgeries prior to my first class.
10. The tuition paid herewith and any registration fees paid hereafter are non-refundable. Refunds, if any, shall be entirely at the discretion of Hot Yoga.
11. I also understand that, except for a monetary refund, I have no claims against Hot Yoga by reason of their refusal to allow me to participate in Hot Yoga.
12. I understand that this agreement applies to all types of membership and that I shall remain subject to its conditions for as long as I continue to practise at Hot Yoga.
13. I have read the above Agreement of Release of Waiver and Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Signature: _____