

Studio 26 Hot Yoga Registration Form

Name: _____ Birthdate: ____/____/____
(First) (Last) (DD) (MM) (YR)

Address: _____ Postal Code: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Emergency Contact: _____ Phone: (____) _____

We only wish to share news, events, promos & tips about Studio 26 Hot Yoga; your email will never be shared, sold or spammed. If you prefer **NOT to receive our monthly newsletter, please initial _____**

Have you done Hot Yoga before? Yes / No

If so, where? _____

Please list any physical ailments, concerns or injuries:

Please choose your objectives:

_____ To begin exercising, tone my body _____ To increase lung capacity & reduce Asthma

_____ To increase strength and flexibility _____ To reduce stress

_____ To increase joint mobility and reduce Arthritis

_____ Other _____

How did you hear about us?

_____ Passing by _____ Internet search _____ From a friend _____ Radio / TV

_____ Facebook / Twitter / Instagram _____ Other: _____

For office use only

Package purchased: _____ Amount: \$ _____

Method of payment: _____ Scan Card ID: _____

Date: _____ Staff Name: _____

Terms and Conditions

1. 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 a school of Yoga theory and exercises.
2. I attest that I have no psychological, medical condition that would prevent me from participation in a Studio 26 Hot Yoga class.
3. I will faithfully follow all instructions given to me by you and your instructors as to when, where and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk.
4. I will not hold you, your partners, instructors or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
5. I acknowledge that even with clear instruction, there is possibility of injury and that it is my responsibility to consult a physician regarding any ability to participate prior to attempting Studio 26 Hot Yoga.
6. The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refund, if any, as are made will be entirely within the discretion of Studio 26 Hot Yoga.
7. I hereby RELEASE AND DISCHARGE STUDIO 26 HOT YOGA AND IT'S DIRECTORS, STAFF, EMPLOYEES and any other representatives or instructors (collectively hereinafter referred to as the "Released Parties") from any and all liability, claims, demands or causes or actions that I may have for injuries, death or damage arising out of my participation in HOT YOGA CLASSES at STUDIO 26 HOT YOGA, including but not limited to losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
8. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN HOT YOGA CLASSES AT STUDIO 26 HOT YOGA WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
9. I further agree that I WILL NOT SUE OR MAKE CLAIM against the RELEASED PARTIES for damages or other losses sustained as a result of my participation in HOT YOGA CLASSES at STUDIO 26 HOT YOGA. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgements and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in HOT YOGA CLASSES at STUDIO 26 HOT YOGA.
10. I acknowledge and agree that Studio 26 Hot Yoga is not responsible for replacing lost or stolen articles.

I, _____, have read this agreement of Release and Waiver of Liability,
(Print Name)
and fully understand its contents and meaning, and sign it of my own free will.

Signature: _____

Date: _____

If the participant is under the age of 18 years:

As a legal guardian of _____, I, _____,
(Print Name) (Print Name)
give consent to the above conditions and terms,

Signature: _____

Date: _____