

STAFFORD STREET HOT YOGA MEMBERSHIP AND DISCLAIMER FORM



NAME: _____
(FIRST) (LAST)

PHONE: _____
(PRIMARY) (ALTERNATE)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

BIRTHDATE: (DD/MM/YYYY) _____ AGE: _____

EMAIL ADDRESS: _____

(CHECK) YES! I'D LIKE TO KEEP INFORMED OF SSHY PROMOTIONS & EVENTS.
(CLIENT'S INFORMATION WILL NEVER BE SHARED OR SOLD).

OCCUPATION: _____

EMERGENCY CONTACT: _____
(NAME) (PHONE #)

HAVE YOU DONE HOT YOGA BEFORE? (CIRCLE) YES / NO

IF SO, WHERE? _____

PLEASE LIST ANY PHYSICAL AILMENTS, INJURIES, OR CONCERNS:

PLEASE CHOOSE YOUR OBJECTIVES:

- _____ TO BEGIN EXERCISING, TONE MY BODY
- _____ TO INCREASE LUNG CAPACITY AND 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 _____
- _____ FACEBOOK OR TWITTER
- _____ RADIO
- _____ OTHER _____

ADMINISTRATION WILL COMPLETE THIS PART OF FORM:

PACKAGE PURCHASED: _____ \$ _____

METHOD OF PAYMENT: _____ SCAN CARD ID: _____

DATE: _____ INITIALS: _____

TERMS & 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 SSHY 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 instructions 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 SSHY 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 Stafford Street Hot Yoga.
7. I hereby RELEASE AND DISCHARGE STAFFORD STREET HOT YOGA AND ITS 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 STAFFORD STREET 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 STAFFORD STREET HOT YOGA WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.
9. I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in HOT YOGA CLASSES at STAFFORD STREET 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 STAFFORD STREET HOT YOGA.
10. I acknowledge and agree that Stafford Street Hot Yoga is not responsible for replacing lost or stolen articles.



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

Participant Signature: _____ Date: _____

IF the participant is under the age of 18 years: As a legal guardian of _____
I, _____, give consent to the above conditions and terms.
(PRINT NAME)

Signature: _____ Date: _____