

Hot Yoga Tacoma Registration Form

PRINT FULL NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

HOME PHONE _____ REFERRED BY _____

In consideration of being permitted to participate in the Yoga classes at the Hot Yoga Tacoma at 3907-6th Ave. B, Tacoma, WA. 98406, I represent and agree as follows:

1. That I am participating in the Yoga classes, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous, and I am aware of the hazards and risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga classes. I warrant that I am physically fit and have no medical condition, INCLUDING PREGNANCY which would prevent my full participation in the Yoga classes.
3. I will faithfully follow all the instructions given to me by all the 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 your instructors or employees legally or financially responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions by your instructors, or by any physical impairment of mine not fully disclosed to you in writing.
5. I understand and acknowledge that I am to receive instructions in Yoga theory and exercise only. I will not hold Hot Yoga Tacoma, Yoga College of India, partners, affiliates, instructors or employees responsible for any injuries suffered by me while in Yoga class or on the premises.
6. I DECLARE THAT I AM NOT AWARE OF BEING PREGNANT AT THIS TIME .

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF GUARDIAN
