



REGISTRATION / CONTRACT

LAST NAME & FIRST NAME _____
ADDRESS _____
CITY STATE ZIP CODE _____
DATE OF BIRTH? AGE _____
HOME PHONE / MOBILE PHONE _____
REFERRED BY (student's full name, website, sign, advertisement, etc.) _____
E-MAIL ADDRESS (please provide to receive savings & free class coupon on birthday) _____
EMERGENCY CONTACT + RELATIONSHIP + PHONE _____
ARE YOU PREGNANT? Yes / No _____
DOES ANYTHING HURT TODAY? _____
HAVE YOU TRIED HOT YOGA, PILATES, OR MEDITATION BEFORE? _____
IF YES WHERE? _____
WHY ARE YOU HERE TODAY? _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

In consideration of and as inducement to your enrollment as a student in the Yoga, Pilates and Meditation Classes conducted by Hot Yoga LLC/dba Hot Yoga Tysons, herein after called HYT, I represent and agree to the following: 1. I recognize that Yoga, Pilates & Meditation Classes are done in a Hot room and requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga, Pilates & Meditation Classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the Yoga, Pilates & Meditation Classes. 3. I assume full responsibility for any risks, injuries, damages, known or unknown, which I might incur as result of participating in the Yoga, Pilates and Meditation Classes. 4. I knowingly, voluntarily, and expressly waive any claim I or my heirs may have and agree to hold HYT, its staff, Insel Metin, and agents harmless from any and all liability, actions, claims, demands of every kind and nature whatsoever which may arise from or in connection with any activities of HYT at any location where a staff member or agent may be holding a class or workshop. The terms therefore shall serve as a release and assumption of risks for my heirs, executor, and administrator and for all members of my family. 5. I understand and acknowledge that I am to receive instruction in Yoga, Pilates and Meditation theory and exercises only, and I will not hold HYT, its partners, instructors or employees to any higher standard of care than that applicable to school of Yoga, Pilates and Meditation theory and exercises. 6. The tuition paid herewith and such registration fees paid hereafter are non-refundable and not shareable nor transferable; such refunds if any, as are made shall be entirely within the discretion of the HYT. 7. I understand that there is a three-day period after this contract is executed to rescind the contract based on a prorated share of membership (Class Package) and I opt in to receiving e-mails 8. All equipment and services and pricing are subject to change or deletion at the discretion of the facility. 9. in the event the yoga studio closes and another health facility operated by the seller, or assigns of the seller, of this contract is not available within five (5) mile radius of the location. the members intend to patronize, seller will not refund to member a prorated share of the membership cost, based upon the unused membership (class package) time remaining to the contract.

Signature of Participant _____ Date _____
As the Legal Guardian _____, I consent to the above terms and conditions.
Parent or Guardian Signature _____ Date _____