

One Love Hot Yoga

Agreement of Release and Waiver of Liability

How did you hear about the studio?

Have you done hot yoga before?

What is your email address? (for studio event/update purposes)

Are there any injuries, ailments, medical conditions or medications that the instructor should know about?

I, _____, agree to the following:
print first and last name

1. That the instruction offered by One Love hot Yoga is limited to that of instruction in basic yoga and health.
2. That even with clear instruction and qualified instructors, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to One Love Hot Yoga.
3. When attending a hot yoga class, I agree that pre-existing medical conditions including but not limited to high/low blood pressure, angina, Multiple Sclerosis, Diabetes, Lupus, Thyroid conditions and/or pregnancy have been brought to the attention of the yoga instructor prior to participation. Certain medical conditions may put a participant of hot yoga at risk and I agree that it is my responsibility to discuss these concerns with a medical doctor.
4. I attest that I have no psychological, physical, medical or emotional condition that would prevent me from safe participation in a hot yoga class.
5. I release and discharge One Love Hot Yoga and the instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party.
6. I release and discharge One Love Hot Yoga and the instructors from any and all liability, claim, demand or action that I may have related to the loss, theft, or damage of any of my personal property from the One Love Hot Yoga premises.
7. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.
8. I have read this agreement and fully understand its contents and meaning, and sign it of my own free will and I am over the age of 19.

Participant signature: _____ Date: _____ Phone #: _____

Emergency contact: _____ Phone # _____

If the participant is between the ages of 15-19 years:

I, _____ consent to the above conditions and terms.
Print parent/guardian's first and last name

Signature of parent/guardian: _____ Date: _____

