

student contact information please print clearly

FIRST NAME

LAST NAME

MIDDLE INITIAL

EMAIL

PHONE NUMBER

BIRTHDATE

ADDRESS

EMERGENCY CONTACT NAME & NUMBER

EMERGENCY CONTACT RELATIONSHIP

student yoga background

How long have you been practicing yoga? (circle one)

a. Today is my first time

b. 1 year or less

c. More than 1 year

How long have you been practicing hot yoga? (circle one)

a. Today is my first time

b. 1 year or less

c. More than 1 year

Do you have any injuries or health concerns you would like your instructors to be aware of?

How did you hear about The Bridge Hot Yoga? (circle one)

Flyer

Facebook

Internet

Client Referral: _____

other: _____

Additional comments, questions or concerns:

WAIVER, RELEASE, INDEMNIFICATION and HOLD HARMLESS AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. I understand I will receive information and instruction; including verbal and physical adjustments about yoga and health. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the yoga class.

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the yoga class. I am aware I may be physically adjusted. I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in the program.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by KMCK Enterprises, LLC. While engaging in any class or activity operated, organized, arranged or sponsored by KMCK Enterprises, LLC, either on or off their premises, I shall do so at my own risk, and hold KMCK Enterprises, LLC, its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless KMCK Enterprises, LLC as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of KMCK Enterprises, LLC which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of KMCK Enterprises, LLC.

If I do have a physical condition which limits my participation, I take full responsibility for moderating my activity and being aware of my own limitations. I will keep in communication with my teacher and ask questions while listening to instructions carefully. I have told my health professional about taking this program.

I, my heirs, or legal representative forever release, waive, discharge and covenant not to sue KMCK Enterprises, LLC for any injury or death caused by my participation in the yoga class. My signature below constitutes my full acceptance of this waiver.

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above and therefore release KMCK Enterprises, LLC (its employees and owners) from any claims, demands and causes of actions arising from my participation in the exercise program.

Signature of Participant _____ Date _____

If Participant is Under 18 (must be at least 16 years of age):

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature of Guardian _____ Date _____