

Name:	Telephone:
Address:	City:
State:	Zip:
E-mail address:	
Medical Alert (injuries, physical limitations, ailments, etc.)	
How did you hear about Hot Yoga Lounge, Inc.?	
	understand that in Yoga, and in any other exercise class, I will ertion or fatigue, I will respect my own body's limitations and I will
By signing my name below, I acknowledge that participation in Yoga classes or any other exercise class exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Hot Yoga Lounge, Inc. from any and all liability, negligence, or other claims, arising from, or in any way connected with, my participation in Yoga and any other exercise class.	
	, or at any time in the future, bring any legal action against Hot ne, my heirs, my spouse, my children, my legal representatives, my
My signature verifies that I am physically fit to participal medical doctor has verified my physical condition for participal conditions.	ate in Yoga classes, or any other exercise classes, and a licensed articipation in this type of class.
If I am pregnant, or become pregnant, or am post-nata other exercise classes, with my doctor's full approval.	al, my signature verifies that I am participating in Yoga, or any
I realize that I am participating in Yoga, or any other ex	xercise classes, at my own risk.
Please initial that you understand certain concepts of yoga etiquette that are as follows:	
Arrive 10-15 minutes earlyBe quiet during classBring a towel/mat/waterClean up area after class (props, mat, sweat off to the completely normal leave your belongings in the changing room area.	ous isWear shoes in the yoga room
My signature is binding to this liability waiver from this	day forth.
Date	
Signature	
IF UNDER 18 YEARS OF AGE	
As legal guardian of	, we consent to the above conditions.
Signature of Guardian:	