



Registration Form Please PRINT in clear BLOCK CAPITALS

HOT YOGA HOUSE

First Name(s): Surname:

Address:

City/County: Postcode:

Home Telephone: Mobile:

Email Address:

Date of Birth: Gender: Male Female

Emergency Contact Information

Full Name:

Relationship: Contact Number(s):

Have you practised Hot Yoga before? Yes No

Medical Information

Hot Yoga House classes are performed in 40°C (105 degrees) and represents a strenuous activity. If you have a medical condition we request that you consult your doctor before taking the class. **Do you suffer with any of the following medical conditions?** The answers given by you do not in any way substitute for a medical examination. Please tick either **YES** or **NO** to the conditions that apply.

Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Respiratory Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnant	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgery (Within 2 Years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injuries (Within 2 Years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	Given Birth Recently (Within 6 Months)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide further details to any of the above conditions you ticked Yes OR any other reason exercise may not be suitable for you.

Member Declaration

I have read and fully understand the contents of this form and confirm that my answers are true to the best of my knowledge. I confirm that my participation in the classes taught at Hot Yoga House (Hot Yoga House Limited) is voluntary. I understand that any advice provided to me by any director, employee or instructor at Hot Yoga House (Hot Yoga House Limited) is followed at my own risk.

I willingly declare, understand and accept the following:

- I have no medical conditions which would prevent me from participating in your classes. I have declared within the past 6 Months by a physician to be in good physical health and capable of performing yoga exercises in a manner consistent with those offered by Hot Yoga House (Hot Yoga House Ltd). If at any time this changes I will inform you in writing prior to taking any more classes.
- I, my heirs and legal representatives knowingly and voluntarily waive any future claim I may have against Hot Yoga House (Hot Yoga House Limited) or any Director, employee or instructor at Hot Yoga House (Hot Yoga House Limited) for any injury, condition, or damages I may sustain from being on your premises, participating in classes or following advice.
- Any fees or membership dues paid by me are not refundable other than at Hot Yoga House (Hot Yoga House Limited) sole discretion.
- Hot Yoga House (Hot Yoga House Limited) reserves the right to refuse access and may terminate my membership at any time for any reason. In such event, my compensation is limited to the unused amount if any dues paid.
- Hot Yoga House (Hot Yoga House Limited) is not liable for any loss, theft or damage occurring to any personal property on its premises.

We may want to use some of the information you have provided for the purpose of monitoring, assessing or marketing Hot Yoga House (Hot Yoga House Limited) and to inform you of offers, information and other services and products on occasions.

We undertake not to sell or otherwise distribute any personal information of you to third parties.

I understand that this contract is subject to English Law and English Court jurisdiction. I have read the above agreement of release waiver and liability and fully understand its contents. I voluntarily agree to Hot Yoga House (Hot Yoga House Limited) Terms and Conditions.

Signed: Date:

Approved By: Date: Client ID: