



Hot Yoga Club Registration Form

Date: ___ / ___ / ___

Please complete and sign and date on the reverse

PLEASE USE BLOCK LETTERS

FEMALE MALE

First Name(s):

Surname:

Address:

Postcode:

Email:

Telephone:

Date of Birth:

EMERGENCY CONTACT:

Emergency Contact Name(s):

Relationship:

Emergency Contact Telephone:

How did you hear about us? _____

Have you ever done Yoga before? Yes / No

If YES, which type of Yoga and where? _____

Your Health – Do you suffer from any of the following conditions?

(Please circle all that apply)

- | | | | |
|----------------------------|--------------------|-----------------|---------------|
| High blood pressure | Low blood pressure | Heart condition | Sciatica |
| Asthma | Epilepsy | Dizziness | Back problems |
| Diabetes – Type 1 / Type 2 | Knee problems | Neck problems | |

Are you pregnant or a new mum? Yes / No It is NOT advised that you BEGIN a Hot Yoga/Pilates practice during pregnancy. I have read this and understood

Have you had any surgery? Yes / No

If you have circled **YES** to any of the above or have any injuries, please provide us with further details in the space below and speak to the teacher before commencing the class. For your own benefit and safety, the teacher has the right, at their discretion, to restrict you from practising this yoga.

Please turn over to complete and sign

TERMS AND CONDITIONS

Before practising any type of Yoga/Pilates at Hot Yoga Club ("HYC") and, as a condition of participating voluntarily in the practice of Yoga/Pilates at HYC, I consent and agree as follows:

1. I know of no reason why I should not participate in any form of physical exercise. Within the last six months no medical practitioner has advised me that I should not perform any physical activity. I confirm that I am in good physical health and am fully able to perform all yoga exercises, which I will learn and perform at HYC.
2. In the event that I have a heart condition or any other condition, which may affect my practice of Hot Yoga/Pilates, I have submitted a letter of permission from my doctor addressed to HYC giving me consent to take part in Hot Yoga/Pilates at HYC.
3. I understand that the Hot Room is heated to approximately 105 degrees Fahrenheit / 40.5 degrees Celsius.
4. While in the Hot Room, I will follow the instructions given to me by the HYC instructors.
5. I will not hold HYC or any of the instructors responsible for any injuries suffered by me during the Yoga/Pilates class.
6. I understand and acknowledge that I am to receive instruction in Yoga/Pilates theory and exercises only and I will not hold HYC or any individual instructors to any higher standard of care than that applicable to the School of Yoga theory.
7. I understand that I can only purchase the 'Introductory Offer' once and that any tuition fees paid herewith and such registration fees paid hereafter are non-transferable to another person and non-refundable. In the interests of health and safety, I understand that I can only sign in and use classes purchased in my name. Refunds, if any, are made entirely at the discretion of HYC.
8. Memberships (annual memberships, 3 month memberships, class cards) can only be cancelled or frozen due to medical reasons upon receipt of a doctor's note.
9. I understand that HYC reserves the right to refuse admission or to expel members who misuse the facilities, cause a nuisance to other members or behave in a way the HYC deems inappropriate.
10. I understand that HYC can, at the discretion of the director of HYC, terminate any membership at any time. In most reasonable circumstances, any credit remaining will be refunded in full.
11. I agree to follow the rules of etiquette of HYC, while in the studio (available on our website).
12. I understand that it is my continuing responsibility to notify HYC of any change to the answers I have noted on this registration form.
13. I agree that all my personal belongings are my responsibility and that HYC does not accept any liability for any loss or damage to my belongings.
14. I agree that this contract is subject to English Law and English Court jurisdiction.

I acknowledge that I have read and understood the Terms and Conditions upon which I will practice Yoga/Pilates at HYC. I further agree and acknowledge that I will abide by the Terms and Conditions set out above.

Signature _____ Date ____/____/____

We respect your privacy and do not pass your details to any third parties.