breathe

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

WHAT IS YOUR HOME STUDIO? (circle one) *AVENIDA* *MCKENZIE* *BRITANNIA*

HOW DID YOU HEAR ABOUT US? _____

DATE OF BIRTH ____/____/____ (DD MM YY) **EMAIL ADDRESS (Required)** _____

PHONE NUMBER (Required) _____

_____

EMERG CONTACT NAME_____ **PHONE#**_____**RELATIONSHIP**_____

ARE THERE ANY INJURIES, AILMENTS, OR MEDICATIONS THAT WE SHOULD KNOW ABOUT?

_____

I, (print name)_____**, understand and agree to the following:**

1. Any type of yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. It is my responsibility to consult with a physician prior to and regarding my participation in any yoga class/workshop. I represent and warrant that I am physically fit and have no psychological, medical or emotional condition that would prevent me from safe participation in any yoga class/workshop.
3. Instructors may provide physical adjustments during class. It is my responsibility to inform the instructor at the beginning of class if I do not want such physical adjustments. It is also my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.
4. All class passes and memberships are non-refundable, non-transferrable and may not be suspended at any time for any reason, including, but not limited to vacation, illness and injury. Class passes expire 24 months after first use.
5. I understand that should I pre-register for a class, I am required to cancel minimum 4 hours in advance or I will be charged a late cancel/no show fee of $20+GST. This cancelation must be done online and cannot be done by telephone or email.
6. I give unrestricted permission to use and publish photographs or video images taken of me in any yoga class/workshop or at the studio, or in which I may be included, for any purpose authorized by Breathe Hot Yoga, including but not limited to social media or website use, editorial publications and advertising use. This includes the right to modify and retouch the images. The circulation of such materials could be worldwide and I am aware that there will be no compensation to me for this use and that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith.
7. I release and discharge Breathe Hot Yoga, its directors, and the Breathe Hot Yoga instructors, adjusters, staff and volunteers from any and all liability, claim, demand or action that I may have resulting from injury, illness, death or damages arising from my participation in the yoga class/workshop or at that yoga studio, including loss that may be caused by the negligence of the released party. This includes participation in classes/workshops held away from the Breathe Hot Yoga premises.
8. I release and discharge Breathe Hot Yoga, its directors and its instructors, adjusters, staff and volunteers 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 Breathe Hot Yoga premises.
9. By affixing your signature hereto, you expressly and voluntarily consent to receiving electronic communications, including but not limited to emails and text messages, containing studio updates, information, and appointment confirmations.
10. 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.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will and I am over the age of 18.

Date:_____Participant Signature:_____Phone #: _____

IF THE PARTICIPANT IS UNDER THE AGE OF 18:

As a legal guardian of_____, I consent to the above terms and conditions and grant my permission for the above named minor to attend any Breathe Hot Yoga class/workshop. **I understand that my child must be minimum 14 years of age to attend HOT yoga.**

Date:_____Parent/Guardian Signature:_____Phone #: _____