

HOT YOGA

Release and Waiver of Liability

Full Name: _____

Date of Birth: _____

1. I am, or will be participating in the Hot Yoga Classes offered by Lakeside Rehab Family Fitness during which I will receive information and instruction about yoga and health. These classes entail physical activity in a heated room of approximately 98°F. I recognize that such a physical activity might be difficult and strenuous and may cause or aggravate a physical or medical condition. I am fully aware of and accept the risks and hazards involved.
2. I represent and warrant that I am physically fit and have no medical condition or injury that would prevent my full participation in the Yoga classes.
3. I agree to assume full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participation.
4. I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Lakeside Rehab Family Fitness for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the yoga class.
5. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Lakeside Rehab Family Fitness of all medical injury, condition, death which arises, is caused by or is aggravated by reason of my participation in the programs.
6. I understand that it is my continuing responsibility to inform the instructor(s) and staff of Lakeside Rehab Family Fitness of all medical conditions, injuries, or surgeries prior to my first class and as such other times as I acquire information as to same.
7. I understand that I have no claims against Lakeside Rehab Family Fitness by reason of their refusing to allow me to participate in the program.
8. I represent and warrant that I'm not pregnant.
9. All membership fees and drop-in fees are non-refundable, non-transferrable and cannot be extended.
10. Students under 18 years of age must have written parental consent.

I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Signature of Participant: _____

