

WELCOME TO GET HOT YOGA, MAPLE VALLEY

Please read the following and initial by each line to verify that you understand all of the information below. Let the instructor know if you have ANY questions.

- * _____ Students 17 or younger must be accompanied by a parent or legal guardian.

- * _____ The studio room that you will be in is heated. Because you are working hard you may feel dizzy, light headed, or nauseous. Do not panic, this is perfectly normal. Please refrain from leaving the room and simply lie down on your mat and let it pass. Be persistent! It may take a few consecutive classes to allow your body to adapt to the heat and it is worth it!

- * _____ Please stay in the room for the duration of the entire class.

- * _____ Please show up for class on time! We do not allow students to walk into a class after it has begun to keep from disrupting the practice of our fellow students.

- * _____ Please sign in at the front desk before entering the studio to set up your mat.

- * _____ Come to class prepared! For each class you will need a bottle of water, a yoga mat, and a large towel to place over your mat. A hand towel is also recommended to clean up your area after class.

- * _____ Come well hydrated and on an empty stomach. We recommend not eating at least 2 hours prior to class.

- * _____ NO TALKING once class has begun. Please save any questions until after class. Allow your practice to be a silent moving meditation.

- * _____ Please leave all belongings in the cubbies throughout the studio or in your vehicle.

Agreement of Release & Waiver of Liability

My signature below indicates that I agree to the following:

- 1.) That I am participating in the yoga class offered by GET HOT YOGA, LLC. (“GHY”) during which I will receive instruction about yoga and health. I recognized that yoga requires physical exertion which may be strenuous. I am fully aware of the risks involved.
- 2.) I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga class. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation at GHY.
- 3.) I will assume full responsibility for any risks, injuries and or damages known or unknown, which I might incur as a result of participating in the program.
- 4.) I knowingly waive any claim I may have against GHY for injury or damages that I may sustain as a result of participating in the program. Additionally my relatives and I agree to release, discharge and hold GHY and others harmless from liability for injuries, illness, medical bills, etc incurred and in any way related to my activities. Also, my personal property is my responsibility and GHY and others have no responsibility for loss or damage.

Participants Name & Signature: _____

Parent/Guardian Signature: _____

Today’s Date: _____ **Email:** _____

Participants Address: _____

(City, State and Zip Code)

Contact Phone Number: _____ home/Cell _____

Please list if you have any injuries or medical conditions:

EMERGENCY CONTACT INFORMATION:

Name and Phone number: _____