

# Balanced a HOT Yoga Studio Release Form

I am aware that an exercise program like the one that I am enrolling at Balanced a HOT Yoga Studio carries with it by nature certain dangers. I understand that by signing below I assume the full risk of any injury inherent in a yoga or exercise program. I further state that I am physically fit and that I hereby release and hold Balanced a HOT Yoga Studio, its officers, directors, agents, and subcontractors, instructors, and all other individuals in any way associated with Balanced a HOT Yoga Studio and/or any of the programs offered at or by Balanced a HOT Yoga Studio harmless from all claims of any kind whatsoever that I may now or at any time in the future have for damages or injuries arising out of my attendance and/or participation in said program, event, or activity.

If I have now or in the past been treated or diagnosed with, or am currently under medical care and/or supervision for any disorder that could put me at risk of injury or death from the type of program I will be participating in at Balanced a HOT Yoga Studio, whether, for example, but not by way of limitation, said disorder is high blood pressure, a heart condition, history of cardiovascular disorder, neck, shoulder, back, knee, or other medical issue, I have checked off the box below and have at the same time delivered a written statement from my treating physician or other duly licensed and qualified medical professional stating that I am fit to participate in the proposed class. I hereby agree to immediately inform my instructor at Balanced a HOT Yoga Studio of any change in my physical condition.

**Please Print Clearly**

**Name (printed):**

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**Email:**

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**Phone:**

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**Address:**

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**Do you have any Injuries or Medical Issues? If so please state**

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**Emergency Contact:**

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**Tel.**

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**How did you hear about us?**

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**Sign (signature):**

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**Date:**

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I have medical issues and have delivered a medical certification.