



HOT BOX YOGA REGISTRATION AND DISCLAIMER FORM

Name: _____ Gender: M F

Address: _____ City: _____ Country _____

Postal Code: _____ Phone Number: _____ DOB: __ / __ / __

Email: _____

Emergency Contact and Phone Number: _____

Referred by: Internet ___ ad/article ___ yellow pages ___ walk-by ___ friend's name _____

List Any Medical conditions here:

By registering above as a student of Bikram Hot Box Yoga Sarl, I agree to the following:

1. I am aware of the physical risks involved with strenuous exercise and understand that it is my personal responsibility to consult with my physician, prior to my participation in any classes or prior to receiving any instruction. I also understand that if at any time during any class or when receiving any instruction from you and/or your associated instructors, that I feel discomfort or strain it is my responsibility to cease the activity and consult with my physician.

I agree that I am solely responsible for the decision to practice yoga and that I have no known medical condition which would prevent me from taking part in yoga classes or receiving yoga instruction. I assume responsibility for any risk or injury that I may sustain as a result of my participation. I understand that there may be physical adjustments by the teacher from time to time and that it is my responsibility to let the teacher know if I don't want to be touched/adjusted.

I also agree and understand that yoga is not a substitute for medical treatment or attention and that I should consult with my physician prior to beginning any new activity program including yoga.

2. I will not hold Bikram Hot Box Yoga Sarl, its owners, associated instructors, and employees, responsible for any injuries suffered by me caused in whole or in part by my failure to follow the instructions given, or by any physical impairment of mine. I understand that it is my responsibility to advise you, your staff, and your associated instructors of any physical conditions that may limit my participation in yoga classes and to work only within my limitations.

3. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Bikram Hot Box Yoga Sarl, its agents, owners, officers, directors, instructors, sponsors, and other participants as well as any similar claims against the owners and tenants of the premises of the studio as a result of my participation in any Bikram Hot Box Yoga Sarl class or instruction.

4. I agree that Bikram Hot Box Yoga Sarl is not responsible in the event of loss, damage, unauthorised use, theft, or injury resulting from and to any personal property that I bring onto the premises.

5. I agree that Bikram Hot Box Yoga Sarl instructors are not medically trained and therefore not qualified to assess whether a member is in good physical condition and/or that the member can engage in any exercise without detriment to the member's health, safety or physical condition

6. Bikram Hot Box Yoga Sarl reserves the right to close the studio at any time for foreseen/unforeseen circumstances and/or maintenance. Any financial reimbursement will be solely at the discretion of Bikram Hot Box Yoga Sarl.

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: _____

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