

QUAN'S HOT YOGA
AGREEMENT OF RELEASE WAIVER OF LIABILITY

WHAT IS YOUR EMAIL ADDRESS? _____

WHAT IS YOUR PHONE NUMBER? _____

WHAT IS YOUR DATE OF BIRTHDAY? _____

**ARE THERE ANY INJURIES, AILMENTS, OR MEDICATIONS THAT THE
TEACHER?INSTRUCTOR HSOULD BE AWARE OF?**

1,(PRINT NAME) _____, AGREE TO THE FOLLOWING:

- 1. The instruction offered by Quan's Hot Yoga is limited to that of instruction in basic yoga and health.**
- 2. That even with clear instruction there is a possibility of injury and it is my responsibility to consult a physician regarding my ability to participate before coming to Quan's Hot Yoga.**
- 3. I attest that I have no psychological/medical/or emotional condition that would prevent me from safe participation in a yoga class.**
- 4. I release and discharge Quan's Hot Yoga, its directors and the instructors of Quan's Hot Yoga from any and all liability, claim, or action that I may have resulting from injury, death, or damages arising from my participation in the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party .**
- 5. I release and discharge Quan's Hot Yoga, its directors and its instructors 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 Quan's Hot Yoga premises.**
- 6. 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.

Participant signature: _____ **Date:** _____

If the participant is under the age of 18 years:

As legal guardian of _____ , I consent to the above conditions and terms.

Signature of parent/guardian: _____ **Date:** _____