STUDIO APPLICATION

First Name_____**Last Name**_____

Address_____

Birth Date_____/_____/_____ **Full-time Student Yes/No** **Part-time Student Yes/No**

Attending _____ **Email:**_____

Phone: Home (____**)**_____ **Cell: (**____**)**_____ **Work Phone (**_____**)**_____

Employer:_____

How did you learn about us? (circle) Friend Internet Driving by Print Ad Referral/Other

What do you hope to achieve in coming to Hot Yoga Bowling Green?_____

_____

Emergency Contact: Name_____ **Relationship** _____**Phone**_____

Any information you wish to share with the instructor regarding physical issues or special requests:

_____.

******As with the beginning of any exercise program, you should first discuss your plans with your primary care physician.***

_____**Date**_____
Signature

_____**Date**_____
Parent /Guardian Signature (if applicable)

Release of Liability:

In signing below, I agree that Hot Yoga Bowling Green is in no way responsible for the safekeeping of my personal belongings while I attend class. I further understand that classes at Hot Yoga Bowling Green may be physically strenuous and I voluntarily participate in them with full knowledge that there is a risk of personal injury, property loss, or death. I agree that neither I, nor my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Hot Yoga Bowling Green or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I further release the use of any photographs, testimonials, or personal likenesses of myself by the studio for promotional use.

_____ **Signature**

_____**Parent/Guardian**
if under 18 years of age