

I have read and fully understand the contents of this form and confirm that my answers are true to the best of my knowledge. I confirm that my participation in the classes taught at 1-2-1 Urban Hot Yoga Ltd is voluntary. I understand that any advice provided to me by any director, employee or instructor at 1-2-1 Urban Hot Yoga Ltd is followed at my own risk. I willingly declare, understand and accept the following: **1**. I have no medical conditions which would prevent me from participating in your classes. I have declared within the past 6 Months by a physician to be in good physical health and capable of performing yoga , Fitness & Reformer Pilates exercises in a manner consistent with those offered by 1-2-1 Urban Hot Yoga Ltd. If at any time this changes I will inform you in writing prior to taking any more classes. **2**. I, my heirs and legal representatives knowingly and voluntarily waive any future claim I may have against 1-2-1 Urban Hot Yoga Ltd or any Director, employee or instructor at 1-2-1 Urban Hot Yoga Ltd for any injury, condition, or damages I may sustain from being on your premises, participating in classes or following advice. **3**. Any fees or membership dues paid by me are not refundable other than at 1-2-1 Urban Hot Yoga Ltd’s discretion**. 4**. 1-2-1 Urban Hot Yoga Ltd reserves the right to refuse access and may terminate my membership at any time for any reason. In such event, my compensation is limited to the unused amount if any dues paid**. 5.** 1-2-1 Urban Hot Yoga Ltd is not liable for any loss, theft or damage occurring to any personal property on its premises. We may want to use some of the information you have provided for the purpose of monitoring, assessing or marketing 1-2-1 Urban Hot Yoga Ltd and to inform you of offers, information and other services and products on occasions. We undertake not to sell or otherwise distribute any personal information of you to third parties. I understand that this contract is subject to English Law and English Court jurisdiction.**6.** By Signing this form you agree marketing correspondence from 121 Urban Hot Yoga via email, SMS, post and phone. For Full T&C’s please visit [Terms & Conditions - 121 Urban Hot Yoga](http://www.121urbanhotyoga.club/terms-conditions)

**I have read the above agreement of release waiver and liability and fully understand and accept its contents. I voluntarily agree to all 1-2-1 Urban Hot Yoga Ltd Terms and Conditions as described.**

By completing this section, you agree to 121 Urban Hot Yoga retaining your medical information.

**Please provide further details to any of the conditions you ticked Yes OR any other reason exercise may not be suitable for you.**

**Please provide further details to any of the conditions you ticked Yes OR any other reason exercise may not be suitable for you.**

Signed: ………………………………………………………………........ Date:……………………………..........

Approved By: …………………………………………………………… Date:……………………………..........

**Date of Birth:**

**Full Name:**

**Address:**

**Have you practiced Hot Yoga before? Yes / No**

**Gender: Male / Female**

**Telephone:**

**Email:**

**Tel:**

**Full Name:**

**1-2-1 Urban Hot Yoga is performed in variable temperatures that can reach up to 36 degrees and represents a strenuous activity. If you have a medical condition, we request that you consult a doctor before you take the class. Please circle the box YES or NO to any of the conditions below which apply to you**.

Pregnant YES/NO High Blood Pressure YES/NO

Recent Injury (within 2 years) YES/NO Epilepsy YES/NO

Respiratory Condition YES/NO Diabetes Low Blood Pressure YES/NO

Recent Surgery (within 2 years) YES/NO Given Birth (within 6 months) YES/NO

Heart Condition YES/NO Low Blood Pressure YES/NO

**121 URBAN HOT YOGA**