



**REGISTRATION-fill completely**

PRINT Full Name \_\_\_\_\_  
Best Phone (\_\_\_\_) \_\_\_\_\_ Birthday(mm/dd/yy) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Active Email \_\_\_\_\_  
In Case of Emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
Emerg phone (\_\_\_\_) \_\_\_\_\_ Emerg email \_\_\_\_\_  
Injuries/Ailments \_\_\_\_\_  
Occupation \_\_\_\_\_  
How did you hear about us/ Who referred you (name of member)?  
\_\_\_\_\_

**Please read & sign back of this form ->**



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Injuries/Ailments \_\_\_\_\_  
Occupation \_\_\_\_\_  
How did you hear about us/Who referred you? (name of member)  
\_\_\_\_\_

**Please read & sign the back of this form ->**

## Hot Yoga of Birmingham, LLC

### Waiver of Liability and General Release of Liability

I HEREBY ASSUME ALL THE RISKS of participating in exercise activities at the Hot Yoga of Birmingham, LLC's premises located at 300 Olde Towne Rd., Vestavia Hills, AL (the "Premises"). I certify that I have sufficiently prepared or trained for the exercise activities in which I will participate at the Premises, and I have not been advised not to participate in such exercise activities by a medical professional.

As a condition to participating in exercise activities at Premises, I for myself and my executors, administrators, heirs, next of kin, successors and assigns agree as follows:

1. I WAIVE, RELEASE AND DISCHARGE Kate Herrera Jenkins, Hot Yoga of Birmingham, LLC, (DBA Kiva Hot Yoga), including their owners, affiliates, partners, instructors, employees, volunteers, agents and attorneys (the "Released Parties") from any and all liability, including but not limited to, liability arising from the negligence or fault of the Released Parties, for my death, disability, personal injury, property damage or theft, or actions of any kind which may hereafter occur to me during participation in exercise activities at the Premises.
2. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from any and all liabilities or claims made as a result of participating in exercise activities at the Premises, whether caused by the negligence of the Released Parties or otherwise.
3. I acknowledge that exercise activities at the premises may involve a test of a person's fitness and exposure to certain risks including, but not limited to, heat and other participants.
4. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during my participation in the exercise activity at the premises.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[If under 18 years old, parent or guardian must sign]

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