

# HOT YOGA LARGO

## Agreement of Release and Waiver of Liability

I hereby agree to the following:

That I am participating in a Hot Yoga class or specialty workshop or aerial yoga, that involves physical exertion and heat which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved. I represent and warrant that I am sufficiently physically fit to participate in the classes taught at Hot Yoga Largo, LLC. I understand that I must judge my own capabilities with respect to practicing Hot Yoga Largo, LLC and I have no medical condition that would prevent my participation.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class.

In consideration of being permitted to participate in said classes, I knowingly, voluntarily and expressly waive any claim that I may have against Hot Yoga Largo, LLC for any injury or damages that I may sustain as a result of participating in any class, workshop or event offered by Hot Yoga Largo, LLC.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Hot Yoga Largo, LLC, their officers, employees or agents for any injury or death caused by their negligence or other acts of omission. The Laws of the State of Florida shall govern this agreement. All disputes shall be settled by Arbitration.

Those who suffer from including but not limited to eye diseases (eg. glaucoma, detached retina, conjunctivitis, etc.), high or very low blood pressure, easy onset vertigo, recent head injury, middle ear infection, recent surgery (eyes, back or hips), sinusitis or head cold, hiatal hernia, ventral hernia, disc hernia, acute degenerative disc disease, spinal nerve root inflammation, cerebral sclerosis, a recent stroke, history of congestive heart failure, history of space-occupying brain lesion, herniated discs, propensity for fainting, those who use anti-coagulants, botox injections within 24 hours and pregnant women should consult a Physician before attempting any inversions.

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. If attending as a minor, a legal guardian must also sign below.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_