

## Personal Information

First Name(s) :	<input type="text"/>	Surname:	<input type="text"/>		
Address:	<input type="text"/>				
City/County:	<input type="text"/>	Postcode:	<input type="text"/>		
Home Telephone:	<input type="text"/>	Mobile:	<input type="text"/>		
Email Address:	<input type="text"/>				
Date of Birth:	<input type="text" value="DD / MM / YY"/>	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

## Emergency Contact Information

Full Name:	<input type="text"/>		
Contact Number:	<input type="text"/>	Relationship:	<input type="text"/>

## Medical Information

Our classes are performed in 40°C (105 degrees) and represent a strenuous activity. If you have a medical condition we request that you consult your doctor before you take part in a class.

**Do you suffer from any of the following medical conditions?** The answers given by you do not in any way substitute for a medical examination. Please tick either **YES** or **NO** to the conditions that apply to you.

Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respiratory Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery (Within 2 Years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injuries (Within 2 Years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Given Birth Recently (Within 6 Months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please specify further details to the above conditions where you ticked Yes. If applicable please provide any other reasons why exercise may not be suitable for you.

## Member Declaration

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 classes taught at Hot Yoga Essex Ltd. trading as Bikram Yoga Essex/Inferno HIIT Pilates/Vinyasa Essex is voluntary. I understand that any advice provided to me by any director, employee or instructor at Hot Yoga Essex Ltd. is followed at my own risk.

I willing declare, understand and accept the following:

- I have no medical conditions which would prevent me from participation in your classes. I have been declared to be in good physical health by a physician within the last 6 months. I confirm I am capable of performing exercises in a manner consistent with those offered by Hot Yoga Essex Ltd. If at any time this changes I will inform you in writing prior to taking any more classes.
- I, my heirs and legal representatives knowingly and voluntarily waive any future claim I may have against Hot Yoga Essex Ltd. or any director, employee or instructor at Hot Yoga Essex Ltd. for any injury, condition, damages I may sustain from being in your premises, participating in classes or following advice.
- Any fees or membership subscriptions paid by me are not refundable other than at the sole descretion of Hot Yoga Essex Ltd.
- Hot Yoga Essex 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.
- Hot Yoga Essex Ltd. is not liable for any loss, theft or damage occurring to any personal property on its premises.
- We undertake not to sell or otherwise distribute any personal information of you to third parties.

We may want to use some of the information you have provided for the purpose of monitoring, assessing or marketing Hot Yoga Essex Ltd. and to inform you of offers, information and other services and products. Please tick if you do not agree.

I understand that this contract is subject to English Law and English Court jurisdiction.

I have read and agree to the release waiver and liability and fully understand the contents. I voluntarily agree to the Terms and Conditions and Privacy policy of Hot Yoga Essex Ltd.

Signed:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YY"/>
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Approved By:	<input type="text"/>	Date:	<input type="text" value="DD / MM / YY"/>	Client ID:	<input type="text"/>
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