



hot yoga  
aurora

**Saint Andrews Village, Unit 43, 2 Orchard Heights Blvd, Aurora, L4G 3W3**  
**Tel: 905-503-1011 Email: info@hotyogaaurora.com Web: www.hotyogaaurora.com**

**Contact Details** (please print clearly)

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*Date of Birth \_\_\_\_\_ \*Tel No. \_\_\_\_\_  
Email \_\_\_\_\_

Please choose **ONE** of the following (available for 1<sup>st</sup> time students ONLY):

- 1 complimentary class
- \$40 for 1 month of unlimited classes

Would you like to receive to our monthly online newsletter - events, specials & studio news?  
YES  NO

\*Emergency Contact Name \_\_\_\_\_ \*Tel No. \_\_\_\_\_

What is your experience with Yoga? Beginner  Intermediate  Advanced

How did you hear about us?  Friend Name: \_\_\_\_\_  Signage  
 Website  Other: \_\_\_\_\_

**\*Medical History**

Has your doctor or health professional ever told you that you have the following? (please tick)

Heart Disease  High Blood Pressure  High Cholesterol   
Arthritis or any other bone/joint problem  Glaucoma  Diabetes

Are you pregnant? YES  NO

Please list any other health conditions not mentioned above \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I agree to the following:

1. The information that I have provide above is complete and accurate.
2. I understand that I am participating in yoga sessions offered by instructors at Hot Yoga Aurora, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous and I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga activities. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga activities. I knowingly, voluntarily, and expressly, waive any claim I may have now or in the future against Hot Yoga Aurora and all of its instructors for any injury or damages that I may sustain as a result of participating in the classes.

All packages are non-refundable

\*Signature : \_\_\_\_\_ Date: \_\_\_\_\_

***\*If the participant is under the age of 18 years:***

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_