



Disclosure/Waiver of Liability

Full Name (Please Print) _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone# _____ Work or Home Phone# _____ D.O.B. ____/____/____

E-Mail _____

Emergency Contact _____ Relationship _____ Emergency Contact # _____

Have you practiced yoga before? Yes ___/No ___ Styles? _____

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

How did you discover Drishtiq?

Internet-Google Search ___ Yoga Directory ___ Social Media-Facebook ___ Twitter ___ Google Plus ___

Ad/Article (identify) _____ Friend (name) _____

Corporate Discount Program (identify company) _____

Walk-By _____ Other _____

1. I have agreed to participate in yoga classes or workshops offered by DRISHTIQ, LLC d/b/a DRISHTIQ Yoga (“DRISHTIQ YOGA”). I understand that DRISHTIQ Yoga cannot and will not evaluate my physical condition and is relying solely on the information I have provided. I represent to DRISHTIQ YOGA that I am fully aware of the risks (including without limitation physical injury or death) involved with my participation and that I knowingly assume such risks.

2. I acknowledge that classes at DRISHTIQ YOGA entail intensive physical activity and exertion by me. I understand that Hot Yoga classes are conducted in a room where the temperature may exceed 95 degrees. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or existing medical condition. I represent and warrant to DRISHTIQ YOGA that I am physically fit and that I have no physical injury or existing medical condition that would be affected by my participation in the yoga classes or workshops. I agree that I will not participate in yoga classes or workshops offered by DRISHTIQ if I have a physical injury or existing medical condition that would be affected by my participation in the yoga classes or workshops.

3. I represent to DRISHTIQ YOGA that within the past 6 months I have been examined by a licensed medical doctor and have been found by that doctor to be in good health, with no medical condition that would affect my ability to perform yoga exercises. I agree that DRISHTIQ YOGA reserves the right to require me to obtain a written statement from a licensed medical doctor that I am in good health with no medical condition that would affect my ability to perform yoga exercises. The following is an accurate and complete list of my current or recent (last 10 years) medical conditions, surgeries, injuries, etc.

I understand that it is my continuing responsibility to inform DRISHTIQ Yoga of any medical conditions, injuries, or surgeries which arise after the date upon which I submit this Disclosure/Waiver of Liability.

4. I understand that DRISHTIQ YOGA cannot and will not render any medical services including medical diagnosis of my physical condition.

5. I represent to DRISHTIQ YOGA that I have had an adequate opportunity to consult with legal, medical and other advisors and that I am voluntarily assuming the risk of any injury, loss and/or other damages that I may sustain as a result of participating in DRISHTIQ YOGA’s yoga classes and workshops, including without limitation loss, damage, theft or unauthorized use of any personal property I bring to the DRISHTIQ YOGA studio. As such, I knowingly waive any claim I may have against DRISHTIQ YOGA, its officers, directors, managers, employees or representatives related to such injury, loss and/or other damages.



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6. I acknowledge and agree that all tuition and registration fees are non-refundable, non-transferrable and cannot be extended.

7. I have read and I understand the Drishtiq Student Code of Conduct. I agree to comply with the Drishtiq Student Code of Conduct and agree that if I don't, Drishtiq may elect to terminate my right to enter the studio and/or participate in classes and workshops. I acknowledge and agree that from time to time Drishtiq may make changes to the Drishtiq Student Code of Conduct.

8. By checking this box, I acknowledge that I have read and I understand the following Cancellation/Refund Policy

DRISHTIQ CANCELLATION/REFUND POLICY. A DRISHTIQ student ("Student") may cancel her/his agreement to attend and pay for DRISHTIQ classes and workshops at any time by providing notice to DRISHTIQ via email to manager@drishtiqyoga.com or via regular mail to: DRISHTIQ Yoga 6209 Snider Road Unit D, Mason, Ohio 45040 or via telephone to 513-204-0270. The agreement to attend and pay for DRISHTIQ classes and workshops will terminate on the last day of the calendar month in which notice was received; except that: 1) if a Student dies or becomes disabled and cannot participate in DRISHTIQ YOGA's classes or workshops, the Student shall only be liable for payments under that portion of the Agreement applicable to the period prior to the Student's actual death or disability and within 30 days after receiving notice of the Student's death or disability, DRISHTIQ YOGA shall refund to the Student or her/his representative payments made in excess of this amount or 2) if a Student who attends classes and workshops in person at the DRISHTIQ YOGA studio ("Local Student") relocates twenty-five (25) miles or more from the facility operated by the DRISHTIQ YOGA or a substantially similar facility that would accept DRISHTIQ YOGA 's obligation under her/his agreement and if that Local Student gives DRISHTIQ YOGA written notice that she/he intends to relocate and requests that her/his agreement be terminated, that Local Student shall be liable for payments for the period prior to the date of the Student's relocation (or the date of Student's notice, whichever is later) and within 30 days after receiving notice of that Local Student's relocation, DRISHTIQ YOGA shall refund to that Local Student or her/his representative payments made in excess of this amount, or 3) If DRISHTIQ YOGA relocates its facility twenty-five (25) miles or more further away from a Local Student's residence or closes the facility and a substantially similar facility that would accept the DRISHTIQ YOGA 's obligation under that Local Student's agreement is not within twenty-five (25) miles from DRISHTIQ's facility, that Local Student shall be liable for payments for the period prior to the date of the relocation or closure and within 30 days after receiving notice of that Local Student's relocation, DRISHTIQ YOGA shall refund to that Local Student or her/his representative payments made in excess of this amount or 4) if a Student cancels her/his agreement within the first three (3) days and has not attended any classes or workshops, DRISHTIQ will provide a full refund.

Date _____ Signature of Participant _____

If the participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Date _____ Signature of parent/guardian _____



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STUDENT CODE OF CONDUCT

1. I will be silent once I enter the yoga studio to show respect for other people's practice.
2. I will arrive 15 minutes early for my first class to allow time for paperwork.
3. I will try to arrive early for every class. If I arrive late, I will enter the studio quietly and will be mindful of the other participants in the class.
4. If I sign up online for class, I will be present at least 10 minutes before class starts to guarantee my spot.
5. I will enter and leave the studio peacefully. I will not to slam my yoga mat on the floor, or walk or drip sweat on other students when I leave.
6. I will remove my shoes before entering the studio; we practice in bare feet.
7. I will not bring a cell phone or other personal items including purses, keys etc. into the studio. I will leave my valuables in a safe place and I will use the cubbies provided to store my other personal items.
8. I will bring my own yoga mat, large towel and water bottle with me to every class. I understand that only clear liquids with secure lids are allowed in the studio.
9. I will come to practice with an empty stomach (unless a specific medical condition prevents me from doing this.)
10. I will hydrate before and after class with at least 16-32 ounces of water.
11. I will wear comfortable exercise clothing.
12. I will refrain from wearing perfume, cologne or strong essential oils.
13. If I have a health issue (illness, injury or medical condition,) I will let my teacher know before class. I understand and acknowledge that not every pose is appropriate for every person.
14. I will let go of my competitive mind-set and any expectations I may have about my abilities. I will take breaks whenever I need to and I will come out of any posture if I feel any strain or pain. I understand that my body responds best when I honor it.
15. I will try to stay for the entire class. If I need to leave early I will do so quietly.

Date _____ Signature of Participant _____

If the participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

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Grant of Rights Use of Images, Voice and/or Likeness

In consideration for being permitted to participate in DRISHTIQ YOGA's classes and workshops:

Student and/or Responsible Party hereby grant DRISHTIQ YOGA the right to record Student's voice, sounds, conversations, image and likeness in photographs, video, audiotape and/or other media ("Student Media").

Student and/or Responsible Party hereby give their consent to DRISHTIQ YOGA's unrestricted reproduction, use and dissemination of Student Media for any purpose including, without limitation, virtual yoga class streaming and recording, development, marketing, advertising, licensing, sale, distribution, and promotion of DRISHTIQ YOGA's classes, workshops, events, merchandise and brand.

Student and/or Responsible Party hereby waive any and all rights to such Student Media.

Student and/or Responsible Party hereby represent to DRISHTIQ YOGA that Student and/or Responsible Party have the right and authority to grant the rights set forth above, that Student has no agreement or commitment that would limit or prohibit Student from granting the rights set forth above, that Student and/or Responsible Party have voluntarily entered into this Grant of Rights.

Student

Drishtiq, LLC dba Drishtiq Yoga

Signature

by: _____
Signature

Name (type/print)

Name (type/print) and Title

Responsible Party:

Signature

Name (type/print)

Relationship to Student