Registration & Liability Waiver

Name _____ Date _____ DOB _____

Address _____ City _____ State ____ Zip _____
(All contact and address information will be kept confidential)

Phone _____ Email _____

Please Indicate Agreement by Initialing Each Line:

____ I desire to participate in fitness classes. I have been examined by a licensed physician in the last six months, and was found to be in good health and able to participate in all yoga or Pilates exercises for which I am instructed during the course of my enrollment. **I have familiarized myself with the symptoms of COVID-19, as described by the Center for Disease Control, and to the best of my knowledge I have not exhibited any of these symptoms in the last 14 days. If I begin to exhibit these symptoms, it is my responsibility to stay home from class.**

____ I understand that I am participating in a group yoga activity that may put me in close proximity with other yogis. I am choosing to, and assuming the risks associated with, practicing yoga around others during a period of time when COVID-19 continues to spread. I hereby acknowledge that It is my personal responsibility to maintain appropriate social distance (at least 6 feet) from other yogis. I also acknowledge that it is my responsibility to take any and all other measures I deem necessary protect myself from infection or spread of COVID-19 (these may include but are not limited to, wearing a face mask, frequent hand-washing, refraining from touching my face, staying home from class if sick and any other CDC recommended guidelines). By choosing to practice yoga at FORGE during this time, I agree to hold FORGE, it's owners and my fellow yogis harmless from any and all liability associated with contracting or spreading COVID-19. While I acknowledge that the FORGE staff will make every effort to maintain a clean, safe practice environment, I acknowledge that I am ultimately responsible for my own safety with regard to COVID-19 while practicing at FORGE.

____ I will faithfully follow all instructions given to me by the instructor(s), participate with the group to the best of my ability and rest as needed.

____ I am fully aware of and accept the inherent risk associated with any rigorous exercise program, including Bikram Yoga, Vinyasa, Inferno Hot Pilates, HIIT or Yin Yoga. I understand that at all times while in classes that I am responsible for myself and will respect my body's limitations.

____ I will not hold Forge Hot Yoga Alberta District and/or Forge Hot Yoga West Linn and/or Forge Hot Yoga Happy Valley, its owners, affiliates, instructors or employees responsible for any injuries incurred or aggravated by me while in yoga or Pilates class(es) or on the premises of Forge Hot Yoga Alberta District, Forge Hot Yoga West Linn or Forge Hot Yoga Happy Valley.

____ I have read and understand Forge Hot Yoga Alberta District, Forge Hot Yoga Happy Valley and Forge Hot Yoga West Linn's policies and agree to comply with them.

___I agree that in the event photos or promotional pictures are taken at either studio I chose to release my likeness & image for marketing or social media purposes. To the extent that I am attending video classes via zoom, instagram, facebook or other similar social media, I hereby consent to my images and/or video being used for marketing and social media purposes for the promotion of FORGE.

Please list any physical conditions, impairments, illnesses or medication (this will only be shared with the instructors at Alberta District / Happy Valley / West Linn):

FORGE HOT YOGA- ALBERTA DISTRICT 1301 NE ALBERTA ST
FORGE HOT YOGA - HAPPY VALLEY - 15932 STE B SE HAPPY VALLEY TOWN CENTER DR
FORGE HOT YOGA- WEST LINN -1554 GARDEN ST STE 101

SIGNATURE_____ DATE _____

SIGNATURE SIGNATURE OF PARENT OR GUARDIAN (if under 18)