Stretchology, LLC

d/b/a Bikram Yoga Shelton

Registration, Agreement of Release and Waiver of Liability

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signature below, I understand and acknowledge

• That I am in good physical health and do not suffer from any medical condition which would limit my participation in the classes offered by Stretchology, LLC d/b/a Bikram Yoga Shelton (“BYS”);

• That it is my sole responsibility to consult with a physician prior to and regarding my participation in any of the classes taught by BYS;

• I hereby authorize BYS to store my Credit Card information in MindBody POS for future purchases initiated by me and or for my monthly payment if there is one to be made. All receipts will be sent VIA E-Mail.

• That I understand the risks involved with the poses taught by BYS and I agree to follow all instructions given by the teachers at BYS;

• That I participate in the classes taught at and/or BYS, at my own risk; and.

• That if I am pregnant or become pregnant or am post-natal, I am participating in classes with my doctor’s full approval.

By signature below, I understand and acknowledge that I hereby release and indemnify BYS and any of its members, instructors, employees, and agents and hold it harmless to the maximum extent permitted by applicable law, against all damages, claims, causes of action, costs, charges and expenses of any kind resulting from or related to my participation in any class at BYS.

**I understand and acknowledge that any and all fees paid to BYS shall be deemed non-refundable.**

I have read and fully understand and agree to the above terms of this Registration, Agreement of Release and Waiver of Liability. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Connecticut.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_