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Name (please print clearly) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Opt out Email Newsletters \_\_\_\_\_

E-mail Address (print clearly) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone # \_\_\_\_\_

How did you find the studio: internet \_\_\_\_\_ advertising \_\_\_\_\_ social media \_\_\_\_\_  
friend/family \_\_\_\_\_ Other \_\_\_\_\_

Are you Pregnant? YES / NO \_\_\_\_\_ Does anything hurt today? \_\_\_\_\_

Have you tried Yoga before? YES / NO \_\_\_\_\_ What type of class, where? \_\_\_\_\_

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

In consideration of and as inducement to my enrollment as a student in Yoga Classes conducted by **Above and Beyond Hot Yoga LLC "DBA: Above and Beyond Yoga and Salt Therapy" aka ABHY**, I represent and agree to the following:

1. I recognize that Yoga Classes are done in a hot room and requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes. I represent and warrant that I am physically fit and have no preexisting medical condition which would prevent my full participation in the Yoga Classes. I understand some medications and supplements have adverse side effects. I understand that it is my responsibility to discuss any side effects of any such products that I am taking with my physician or pharmacist, before participating in Yoga Classes.
3. In consideration for my participation in any class, workshop, training or event of any type offered at any physical location, online or via any other medium, and by signing this form, (the "Activities") I and my heirs, assigns and legal representatives hereby forever release, waive, discharge, indemnify, hold harmless, and covenant not to sue Above and Beyond Hot Yoga LLC and their owners, directors, officers, employees, agents, members, managers, instructors and representatives (collectively, ABHY) for any injuries, illnesses, infectious medical conditions, damages, losses, expenses, attorneys' fees, settlements, liabilities, claims, suits and causes of action which may result from my participation in the Activities.
4. ABHY may use my first name, surname initial, image, likeness and/or written comments in any video, audio, advertising or publicity in any medium. I agree not to create, publish or disclose any video, photograph, audio or other recording without ABHY's prior written consent.
5. The fees paid for classes and workshops are **non-refundable and non-transferable**.
6. All services are subject to change or deletion at the discretion of Above and Beyond Hot Yoga LLC.
7. I agree to follow the rules, protocol, and guidelines of Above and Beyond Hot Yoga and the State of Alabama. Failure to observe studio policy may result in dismissal from the class or studio.
8. I understand that Above and Beyond Hot Yoga LLC is not responsible for damaged, lost or stolen items.
9. By signing this document I verify that 1) I am 19 years of age or older or 2) that I am the parent or legal guardian of the participant.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

As the Legal Guardian, I consent to the above terms and conditions:  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## HALOTHERAPY SALT ROOM CUSTOMER INFORMATION & WAIVER

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ or \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to receive our newsletter and other information?  Yes  No  
(We do not distribute or sell any of our customer information and you may unsubscribe at any time)

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

**What brings you to the Above and Beyond Halotherapy Salt Room today?**

Adult Salt Therapy  Children Salt Therapy

**Do any of the below conditions apply to (or your child):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies        | <input type="checkbox"/> Dermatitis           | <input type="checkbox"/> Rhinitis            |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Ear Infection        | <input type="checkbox"/> Psoriasis           |
| <input type="checkbox"/> Bronchitis       | <input type="checkbox"/> Increase Endurance   | <input type="checkbox"/> Sinusitis           |
| <input type="checkbox"/> Cold & Flu       | <input type="checkbox"/> Eczema               | <input type="checkbox"/> Sleep Apnea/Snoring |
| <input type="checkbox"/> Cystic Fibrosis  | <input type="checkbox"/> Emphysema            | <input type="checkbox"/> Smokers Cough       |
| <input type="checkbox"/> COPD             | <input type="checkbox"/> Hay Fever            | <input type="checkbox"/> Stress              |
| <input type="checkbox"/> General Wellness | <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Detox               |

**How did you hear about us? (Please include the source)**

- |   |  |
|---|--|
| <input type="checkbox"/> Internet _____   | <input type="checkbox"/> Friend/Family _____ |
| <input type="checkbox"/> Newspaper _____  | <input type="checkbox"/> Radio _____         |
| <input type="checkbox"/> Article _____    | <input type="checkbox"/> Walk-in _____       |
| <input type="checkbox"/> Television _____ | <input type="checkbox"/> Other _____         |

### Emergency Contact

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Client Signature: \_\_\_\_\_

Parent or Gaurdian Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_



**\*\*DISCLAIMER \*\***

The information contained both herein and on our website is designed to disseminate general information. It is not intended to give medical or pharmacological advice, and as such, should not be relied upon as a substitute for professional medical advice.

I understand and acknowledge that by entering the premises and employing any of the services offered by Above and Beyond Hot Yoga, LLC :

1. I assume all known, latent or anticipated risks;
2. My participation at Above and Beyond Yoga Center is purely voluntarily and no warranties or representations were made to me by its management to induce me to participate;
3. I shall assume full responsibility for myself and any of my guests and/or invitees;
4. I understand that Above and Beyond Yoga Center does not evaluate and/or diagnose my health and I have received medical clearance prior to engaging in salt therapy activities;
5. I have been advised of the following possible side effects: Dry or itchy throat, nasal drip, and increased coughing at the beginning. This is a natural part of the cleaning process of the respiratory system, during which the pollution, accumulated through a long time, and now loosened up by the salt, are expelled from even the deepest regions of the lungs. Such side effects should cease with the removal of pollution and pathogens. Skin irritation and dermal sensitivity may occur. In such a case, decrease the frequency of sessions.
6. Above and Beyond Yoga Center has neither applied for or received approval by the Food and Drug Administration or any other consumer protection group;
7. The use of the room at Above and Beyond Yoga Center has not been evaluated by the Food and Drug Administration or any other agency;
8. The use of halotherapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Above and Beyond Yoga assumes no responsibility for customers choosing to treat themselves;
9. All products and services provided by Above and Beyond Yoga Center, including written information, labels, brochures and flyers as well as information provided orally or in any other medium of communication, have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure or prevent any disease. For all your health concerns, please consult an appropriately licensed healthcare practitioner.

The use of Halotherapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. Halotherapy is NOT a substitute for any conventional medication. The information contained herein is not intended to cover all possible uses, directions, precautions, warning, drug interactions, allergic reactions, or adverse effects. If you have any questions about Halotherapy or possible contraindications, please consult with your physician or health professional before proceeding.

**LIMITATION OF LIABILITY. YOU AGREE THAT NEITHER SALT THERAPY, NOR ANY PERSON ASSOCIATED WITH SALT THERAPY, SHALL BE LIABLE FOR ANY DAMAGE RESULTING FROM YOUR USE OF THE ABOVE AND BEYOND HALOTHERAPY ROOM. THIS LIMIT OF LIABILITY COVERS CLAIMS BASED ON WARRANTY, CONTRACT, TORT, STRICT LIABILITY, AND ANY OTHER LEGAL THEORY. THIS PROTECTION COVERS ABOVE AND BEYOND HOT YOGA LLC, ITS MEMBERS, EMPLOYEES, AGENTS, AND SUPPLIERS. THIS PROTECTION COVERS ALL LOSSES INCLUDING, WITHOUT LIMITATION, DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, AND PUNITIVE DAMAGES, PERSONAL INJURY/WRONGFUL DEATH, LOST PROFITS, OR DAMAGES RESULTING FROM USE OF THE SALT ROOM AND ITS FACILITIES.**

Above and Beyond Hot Yoga LLC reserves the right to alter or modify these terms and conditions from time to time. Your acknowledgement constitutes your agreement to any and all terms changed, modified, or altered. It is in your best interest to view our website periodically for the latest terms and conditions.