



HOT BREATHING REGISTRATION FORM

Name: _____

Email: _____ Age: _____ Years

Address: _____

City: _____ State _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Phone _____

First week workout sessions are free to experience. Registration Form is required before attending any workout session. Hot Breathing Video virtual workout subscription is \$25/month of \$70 for 3 months, or \$140 for 6 months or \$250/year and save money.

Subscription Payment can be done at <https://www.HotBreathing.com/payhb/>

Release of Liability

By my submitting this form, signed or unsigned, electronically or by paper; I agree to release and hold harmless Shyam Das or Hot Breathing (the "Program") and its officers, employees, assistants, agents and volunteers, multimedia, web and content developers, from any claim, demand, or cause of action for injury to the participants named below or damage to his/her personal property, which arises out of or is in any way connected with the Program. I understand that the participation in physical activities may be dangerous. The Program will not be responsible in case of accident, injury, illness or property damage. I agree that the Program may take, use, reuse, publish, and republish photographs, Videos of or including the named participant(s) for advertising or any other purpose in any manner or medium and without restriction on alternations or compositions or distribution.

I am over 18 years of age. I have been advised to consult my physician before engaging with this program activity.

Signature: _____ Date: _____

Please email fully filled & signed form to SDas@HotBreathing.com

www.HotBreathing.com