

BIKRAM YOGA COLLEGE OF INDIA NEW WESTMINSTER

PLEASE PRINT CLEARLY

FIRST NAME	LAST NAME
PHONE	EMAIL (opt in for updates, specials and schedule changes)
MOBILE	
ADDRESS	CITY
POSTAL CODE	SEX (please circle) Male Female
OCCUPATION	EMERGENCY CONTACT NAME:
WHERE DID YOU HEAR ABOUT US?	CONTACT PHONE NUMBER
If friend, friend's name:	RELATIONSHIP TO YOU

Please inform the instructor of any injuries, medical conditions, and ailments of medications that the teacher should know.

1. The instruction offered by Bikram Yoga college of India is limited to that of instruction of yoga and physical fitness.
2. I acknowledge that even with clear instruction, there is possibility of injury and that it is my responsibility to consult a physician regarding any ability to participate prior to attempting Bikram yoga.
3. I attest that I have no psychological, medical condition that would prevent me from participation in a Bikram Yoga class.
4. I release any discharge against Bikram Choudhury from all liability, claim, demands or action that I may make resulting from injury, death, or damages arising from any participation in the yoga class.
5. In the event that there is found to be any liability by Bikram Yoga College of India New Westminster for any reason what so ever, the damages of liability shall be limited to not more than \$10.00
6. The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refund, if any, as are made will be entirely within the discretion of Bikram Yoga College of India New Westminster.
7. I recognize that this agreement of release and waiver of liability is a legal contract and I have complete knowledge of its contents.

I have read this agreement and fully understand its contents and meaning, and sign it of my own free will.

Participant signature: _____ Date _____

If the participant is under the age of 19 years:

As a legal guardian of (participant name) _____, I consent to the above conditions and terms.

Guardian Signature _____ Date _____

OFFICE USE ONLY

Teacher	Front Desk Staff	Class Time
Intro Pkg. / Drop-In	Payment Type	Student #
Comments:		Entered in Mindbody