



Bikram Yoga Auburn & Westboro

Registration Form

Name:

Street:

City, State, Zip:

Phone:

Email:

Referred by:

- 1) **Before each class I will inform the teacher of any injuries or medical conditions.**
- 2) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all Yoga exercises which I am to learn and perform during my enrollment at Bikram Yoga Auburn.
- 3) I have advised my doctor of the exercise and environment in which I will be performing Yoga and have been found to be in good physical health and able to perform all exercises. Any physical impairment or condition of mine will be disclosed to you in writing along with any recommendations from my doctor for any special needs or considerations.
- 4) I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me as a result of doing Yoga exercises. I agree that I am fully responsible for recognizing and working within my physical limitations and any attempt to push my body beyond what is reasonably comfortable shall be at my own risk.
- 5) I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow instructions of you or your instructors, or by any physical impairments of mine.
- 6) I will faithfully follow all instructions given to me by you and your instructors as to when, where, and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
- 7) I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only, and I will not hold you, your partners, instructors, or employees to any higher standard of care than that which is applicable to a school of Yoga theory and exercise.
- 8) The tuition paid herein and such registration fees paid hereafter are non-refundable; such refunds, if any, are made entirely within the discretion of Bikram Yoga Auburn.
- 9) I understand and acknowledge that the class schedule is subject to change.

Date:

Signature: