Registration and Liability Waiver

Name _____ D.O.B. _____

Address _____City ___State _____ Zip Code _____

Cell Phone: _____ Home Phone: _____ Emergency Phone (if different than home): _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | |

How did you hear about us? _____ If a friend referred you, please list name: _____

In consideration of and as inducement to your enrolling as a student of Bikram Yoga Richmond at 3024 Stony Point Road, Richmond, VA 23235 and/or 3621 Cox Road, Richmond, VA 23233, I represent and agree as follows:

(1) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment with you.

(2) I will faithfully follow all instructions given 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.

(3) I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.

(4) I understand and acknowledge that I am to receive in 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 applicable to school of Yoga theory and exercises.

(5) The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refunds if any, as are made shall be entirely within the discretion of Bikram Yoga Richmond.

Please list any health issues or injuries of importance: _____

Date _____ Signature _____