

Registration and Liability Waiver (Please Print)



Name _____ Mailing Address _____

City _____ State _____ Zip _____ Email Address _____

Would you like to receive email updates on class schedules/events? (circle one) Yes No

Cell Phone _____ Home Phone _____ Date of Birth _____

Emergency Contact Name _____ Emergency Contact Phone _____

Please list any physical conditions (including pregnancy), illnesses or medications: _____

Have you ever done Bikram Yoga before? (circle one) YES NO How did you hear about BYT? _____

In consideration of and as inducement to your enrolling as a student of the Yoga College of India, 10775 Pioneer Trail, Suite 105b Truckee, CA 96161, 631 Sierra Rose Dr. Reno, NV 89511 and 1273 Baring Blvd. Sparks, NV 89434, you 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 physical 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 the instructions of you or your instructors or by any physical impairment of mine and not fully disclosed to you in writing.
- (4) 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 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 Sierras.

Signature _____ Date _____ Signature of Parent or Guardian (if under 18) _____

Teacher Use Only: Date entered _____ Initial Email Sent (date) _____ Teacher Initials _____