

Please print out and bring to your first class.

REGISTRATION AND LIABILITY WAIVER

Bikram's Yoga College of India, 805 SW Industrial Way, Bend, OR 97702

Name _____ Date _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____ Email _____

- A) 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 during my enrollment with you.
- B) I will faithfully follow all instruction given by you and your instructors. I will participate with the group as possible and rest as needed.
- C) I verify that I have full knowledge of any risks and that I am capable of participating in yoga without endangering myself.
- D) I understand that at all times in the yoga class I am responsible for myself and will treat my body with respect.
- E) I will not hold Bikram's Yoga College of India, Bikram Choudhury, Yoga College of Bend, Inc., your partners, affiliates, instructors, or employees responsible for any injuries suffered by me when in your yoga class or on your premises.
- F) NO REFUNDS, EXCHANGES, TRANSFERS OR EXTENSIONS OF CLASS PACKAGES.

Please list Any Physical Impairments, Illnesses or Medications: _____
Are you pregnant or nursing? Yes No

What are your intentions in practicing yoga? Stress? Injury Recovery? Flexibility? Strength? Other _____
What physical activities do you participate in?: Climbing _____ Skiing _____ Hiking _____ Kayaking _____ Biking _____ Other _____
Would you like to receive updates via mail, e-mail or text messaging? Yes No

DATE SIGNATURE SIGNATURE OF PARENT OR GUARDIAN

REFERRED BY: _____