

**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) All information, including contact and health information, on this registration form is confidential and will not be sold or released by Bikram Yoga, Bend Oregon., unless required by law.
- G) 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 \_\_\_\_\_  
Have you practiced Bikram Yoga before? Yes No Would you like to receive updates via mail & e-mail ? Yes No

\_\_\_\_\_  
DATE SIGNATURE SIGNATURE OF PARENT OR GUARDIAN

REFERRED BY: \_\_\_\_\_