

Bikram Yoga West Orlando

Agreement of Release and Waiver of Liability

First Name

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Last Name

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Email

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Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

How did you find us? _____ Referred by: _____

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 Yoga exercises which I am to learn and perform during my enrollment with you.
2. I will faithfully follow all instructions given to me by you and your instructors as to when, where, and how to perform and to not 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 your 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 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 practices.
5. The tuition paid herewith and such registration fees paid hereafter are non-refundable; such as refunds if any, as are made shall be entirely within the discretion of Bikram Yoga West Orlando

Signature _____ Date: _____

For Office Use

Purchase:

Entered:

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Initials: