

# BIKRAM YOGA SANDYFORD

## REGISTRATON FORM

Please complete in BLOCK CAPITALS

First Name		Last Name	
Gender		Date of Birth	
Address			
Telephone		Mobile	
Email			
Emergency Contact		Telephone	
<b>List any recent injuries, illness, condition, surgeries (including dates)</b>			

Members use the facility at their own risk. It is recommended that members seek medical advice before embarking on a fitness programme. **PLEASE INFORM THE TEACHER IF PREGNANT OR BREASTFEEDING**

IN CONSIDERATION OF AND AS AN INDUCEMENT TO ENROLLING AS A STUDENT OF **BIKRAM YOGA SANDYFORD**, I REPRESENT AND AGREE AS FOLLOWS:

1. I am in good physical health and able to perform all yoga exercises which I am to learn and perform during my enrolment with you. I have no medical condition or injury which would prevent me from fully participating in Bikram Yoga. Any impairment I have I will disclose to you in writing.
2. I understand that it is my continuing responsibility to inform the teachers at Bikram Yoga Sandyford of any previous or current medical conditions, injuries or surgeries prior to class.
3. I will faithfully follow all instructions given to me by you and your teachers as to when, where and how to perform and not perform yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
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, teachers or employees to any higher standard of care than that applicable to a school of yoga theory and exercises.
5. In future consideration of being permitted in Bikram Yoga, I knowingly, voluntarily and expressly waive any claim I may have or acquire against Bikram Yoga Sandyford, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in Bikram Yoga.
6. The tuition paid herewith and any fees paid hereafter are non-refundable. Refunds, if any, that are made shall be entirely at the discretion of Bikram Yoga Sandyford.
7. Bikram Yoga Sandyford reserves the right to refuse access. I also understand that except for a monetary refund, I have no claims against Bikram Yoga Sandyford by reason of their refusal to allow me to participate in Bikram Yoga.
8. I understand and acknowledge that Bikram Yoga Sandyford is not responsible for any loss, theft or damage to personal property left on the premises.
9. I agree to abide by Bikram Yoga Sandyford's terms and conditions, a full copy of which is available, including operations rules which may be displayed in various parts of the studio. Bikram Yoga Sandyford reserves the right to make amendments to these terms and conditions. I understand that if I do not comply with these rules I may be denied access.
10. I have read the above agreement of release of waiver and liability and fully understand its contents, I voluntarily agree to the terms and conditions stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICE USE ONLY			
Package Bought			
Start Date		Tag Code	
Payment Type		Received By	