

REGISTRATION

Bikram Yoga Aurora
Hot Sunshine Yoga, Inc.

Please print clearly.

Name: _____ Phone: _____

Address: _____ Sex: M / F _____

City / State / Zip _____ Birthday _____

EMERGENCY Contact: (name/phone) _____

Who referred you? / How did you hear about us? _____

Email (receive updates, newsletter) _____

As a condition of my class participation at Bikram Yoga Aurora, I agree to the following:

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 learn and perform during my enrollment with you.
2. I will faithfully follow all instructions given by you and your instructors as to when, where and how to perform and not to perform Yoga exercises; and I understand that any deviation by me from such instructions shall be at my own risk.
3. I release Bikram Yoga Aurora and its instructors from liability for injuries arising out of my yoga practice at its studio, arising out of my use of its facilities, or both. I understand yoga tuition is nonrefundable and are subject to expiration dates.
4. Bikram Yoga Aurora is in no way responsible for the safekeeping of my personal belongings, property damage/loss/theft while I attend class.
5. I understand that classes at Bikram Yoga Aurora may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Bikram Yoga Aurora or its members for any personal injury, property damage/loss or wrongful death, whether caused by negligence or otherwise.

Signature: _____ Date: _____

Parent / Guardian consent if under 18 yrs old