

BIKRAM YOGA AURORA REGISTRATION FORM

Please print legibly

Name: _____ e-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: (____) _____ - _____ Home: (____) _____ - _____ Date of Birth: _____

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

In case of Emergency Contact:

Name: _____ Relationship: _____ Phone: (____) _____ - _____

PLEASE READ AND INITIAL EACH SECTION BELOW

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 & Pilates 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 and Pilates 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 practice at it's studio, arising out of my use of its facilities, or both. I understand tuition is nonrefundable and are subject to expiration dates.
- _____ 4. No refunds, returns, extensions, or exchanges. Class Packs are non-transferable & no sharing of Class Packs. No suspension on any membership. Prices & special offers are subject to change without notice.
- _____ 5. A **\$50.00 fee** will be charged for all returned checks.
- _____ 6. It is my responsibility to inform the instructor before class of any injuries and / or medical conditions that I may have.
- _____ 7. I understand Bikram Yoga Aurora is not responsible for the safekeeping of my personal belongings, property damage/loss/theft while I attend class.
- _____ 8. No chewing gum, cell phones, or talking during class. Water only in non-glass containers in hot room.
- _____ 9. I will always check-in & pay for class at the front desk before class.
- _____ 10. I completely understand and have read this registration form in its entirety. 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

Printed Name
(Parent / Guardian consent if under 18 yrs old)

Signature

Date