

# BIKRAM'S YOGA COLLEGE OF INDIA - CHICO

1140 Mangrove Ave. Suite B, Chico, CA 95926

## Registration Agreement and Waiver of Liability

Name **(PLEASE PRINT)** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home( ) Cell( ) Work( ) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Email **(PLEASE PRINT)** \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact \_\_\_\_\_ & their phone number: \_\_\_\_\_

In consideration of and as an inducement to enrolling as a student of Bikram's Yoga, 1140 Mangrove Ave. Suite B, Chico, CA 95926, I represent and agree as follows:

- 1) I hereby certify that I am in good physical health and fully able to perform all Yoga exercises which I am to learn and perform during my enrollment. **(PLEASE INFORM US, BEFORE CLASS, OF ANY AND ALL PHYSICAL AILMENTS, LIMITATIONS, INJURIES OR SURGERIES - RECENT OR NOT.)** \_\_\_\_\_ [initials]

# Write your details here.

- 2) I will faithfully follow all instructions given me by your instructors as to when, where, and how to perform and not to 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 in whole or in part by my failure to faithfully follow the instructions of your instructors; or by any physical impairment of mine not disclosed to you in writing, and I will indemnify them for all reasonable legal costs and expenses incurred defending against such claims.
- 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 a school of Yoga theory and exercises.
- 5) The tuition paid herewith and such registration fees paid hereafter are non-refundable. All memberships are non-refundable, non-transferable and may not be used by a third party. Class series cards are valid for a limited period from the date of purchase, (see expiration dates with package prices). Unlimited packages are valid only for the amount of time specified.

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DATE

SIGNATURE

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Parent or Legal Guardian (if under 18 years old) – Print Your Name and Relationship & Sign Above

### How did you hear about us?

- |                                  |                                 |
|----------------------------------|---------------------------------|
| _____ Flyer                      | _____ Coupon                    |
| _____ Friend                     | _____ Family member             |
| _____ Website                    | _____ Search Engine             |
| _____ Phone Book                 | _____ ADVERTISEMENT             |
| _____ Sign out front             | _____ Other signs               |
| _____ Newspaper article          | _____ TV feature                |
| _____ I practice in another city | _____ I'm a former student here |
| _____ Other                      |                                 |

### **Introductory Offer**

**(New clients ONLY. Local residents ONLY)**

I understand that the offer is for  
10 **consecutive** days. \_\_\_\_\_ [initials]

I am a local resident. \_\_\_\_\_ [initials]  
(or student attending school locally.)