



YOGA REGISTRATION AND WAIVER FORM

Name: _____ Gender: M F

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone Number: _____ DOB: ___ / ___ / ___
Month Day Year

Email: _____

Emergency Contact and Phone Number: _____

List Any Physical Ailments Here:

By registering above as a student of Bikram Yoga West Edmonton, I agree to the following:

1. I am aware of the physical risks involved with strenuous exercise and understand that it is my personal responsibility to consult with my physician prior to my participation in any classes or prior to receiving any instruction. I also understand that if at any time during any class or when receiving any instruction from you and/or your associated instructors that I feel discomfort or strain; it is my responsibility to cease the activity and consult with my physician.

I agree that I am solely responsible for the decision to practice yoga and that I have no known medical condition which would prevent me from taking part in yoga classes or receiving yoga instruction. I assume responsibility for any risk or injury that I may sustain as a result of my participation.

I also agree and understand that yoga is not a substitute for medical treatment or attention and that I should consult with my physician prior to beginning any new activity program including yoga.

2. I will not hold Bikram Yoga West Edmonton, its owners, associated instructors, and employees, responsible for any injuries suffered by me caused in whole or in part by my failure to follow the instructions given, or by any physical impairment of mine. I understand that it is my responsibility to advise you, your staff, and your associated instructors of any physical conditions that may limit my participation in yoga classes and to work only within my limitations.
3. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Bikram Yoga West Edmonton, its agents, owners, officers, directors, instructors, sponsors, and other participants as well as any similar claims against the owners, lessor, and lessees of the premises of the studio as a result of my participation in any Bikram Yoga West Edmonton class or instruction. I also hereby welcome email communications and newsletters from the studio to keep me abreast of upcoming events, offers, and general health and yoga information that I might find helpful.
4. I agree that Bikram Yoga West Edmonton is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring onto the premises.
5. I understand that Bikram Yoga West Edmonton reserves the right to refuse admittance to anyone that Bikram Yoga West Edmonton or the agents thereof think may pose a health risk to themselves or to others.

Date: _____ Signature: _____

Whining and complaining are discouraged, but fortunately not part of the official Waiver items listed above!