

BIKRAM YOGA COLUMBIA

6935 Oakland Mills Road, Suite L
Columbia, MD 21045
410.381.1866 FAX 410.381.2216

REGISTRATION & WAIVER

First Name	Middle Initial	Last Name		
Street Address	Apt #	City	State	Zip
Cell Phone	Home Phone	Work Phone		
Email Address		/ /	Birth Date	M / F Circle One
Emergency Contact (name)	Emergency Contact Phone Number			

REFERRED BY: _____

In consideration of and as inducement to my enrolling as a student of Bikram Yoga Columbia (BYC), 6935 Oakland Mills Road, Suite L, Columbia, Maryland 21045 I represent and agree as follows:

- 1.) **Medical Examination and Clearance.** I am 18 years or older and have completed an examination by a licensed physician within six months prior to my enrollment, and will continue to at least annually hereafter. It is my sole responsibility and my medical physician to determine my fitness to participate in Yoga exercises and routines.
- 2.) **Disclaimer and Waiver of Liability.** I consent to assume all risks of physical bodily injury. I release and forever hold harmless BYC, its owners, managers, employees, instructors, agents and any other affiliates from any and all claims, demands, rights, causes of action, judgments, executions, damages, liabilities, costs and expenses, for death, injuries, expenses, damages or any losses that may arise directly or indirectly in connection with my participation in Yoga exercises or routines.
- 3.) **I agrees to abide by safety rules and guidelines** advised by instructors as to when, where, and how to perform Yoga exercises, it being understood that these guidelines are only intended to promote safety, but not necessarily certain to prevent physical injury.
- 4.) **BYC delivers instruction in Yoga theory and exercises only.** To this end, its owners, instructors, agents or employees shall use good faith and commercially reasonable standards.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING, KNOW THE CONTENTS THEREOF, AND HAVE AGREED TO SIGN THIS REGISTRATION AS MY FREE ACT AND DED. BY SIGNING BELOW, I ASSUME ALL RISKS TO MYSELF AND UNDERSTAND THAT THE FOREGOING CONSTITUTES A WAIVER OF IMPORTANT LEGAL RIGHTS.

MEMBER SIGNATURE _____ DATE _____

PRINTED NAME _____