

REGISTRATION AND LIABILITY WAIVER

Bikram's Yoga College of India Central Florida

851 E SR 434 #168 Longwood, FL 32750

www.bikramyogalongwood.com

(Please Print) Name _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

- A) 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 am to learn and perform during my enrollment with you.
- B) I will faithfully follow all instruction given by you and your instructors. I will participate with the group as possible and rest as needed.
- C) I understand that all payments are non-refundable. Any refunds will be made only at the discretion of Bikram's Yoga College of India.
- D) I understand that at all times in the yoga class I am responsible for myself and will treat my body with respect.
- E) I will not hold Yoga College of India, Bikram Yoga Central Florida, your partners, affiliates, instructors, or employees responsible for any injuries suffered by me while in your yoga class or on your premises.

Referred By _____

DATE _____ SIGNATURE _____ SIGNATURE OF PARENT OR GUARDIAN _____