



# bikram yoga alpharetta

## Registration Agreement

### General Release

&

### Waiver of Liability

#### THE FOLLOWING INFORMATION IS **REQUIRED**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### THE FOLLOWING INFORMATION IS **OPTIONAL**

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### HOW DID YOU FIND US?

- sign       flyer       advertisement  
 friend       internet       other \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to all of the following:

I am participating in the Yoga Classes offered by Bikram Yoga Alpharetta (BYA) during which I will receive information and instruction about yoga. I recognize that yoga requires physical exertion, which may be strenuous and may cause or aggravate physical injury, and I am fully aware of and willingly assume the risk and hazards involved.

I understand that it is my sole responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes.

In consideration of being permitted to participate in the Yoga Classes, I agree to assume full responsibility for any risk, injuries, or damages, known or unknown, which I might incur as a result of participation in the program.

In further consideration of being permitted to participate in the Yoga Classes, I knowingly, voluntarily and expressly waive, renounce and disclaim any claim I have or may have against BYA, its instructors, officers, directors, partners, owners and employees (collectively, BYA "Releasees") for injuries or damages that I may sustain as a result of participating in the program.

For myself, my heirs, successors and legal representatives I forever release, waive, discharge, and covenant not to sue BYA for any injury or death caused by their negligence or other acts that are not intended to harm me.

I will not hold responsible/sue the BYA Releasees for any injuries suffered by me caused in whole or in any part by my failure or refusal to follow the instructions of you or your instructors or by any physical impairment of mine.

The tuition paid herewith and such registration fees paid hereafter are non-refundable as a matter of right; such refunds if any, as are made shall be entirely within the sole discretion of BYA

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above and acknowledge that BYA would not agree to permit me to participate in any of its programs if I chose not to.

If you are under 18 years of age, your parent or legal guardian must also sign this form.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

PLEASE LIST ANY CONDITIONS WHICH MAY AFFECT YOUR PRACTICE ON BACK

11550 Webb Bridge Way  
Suite 2  
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