



REGISTRATION & WAIVER FORM

Name	
Address	Phone Number
City/Province	Email
Postal Code	Birthday
Ailments	Occupation
How did you hear of us?	Referred by

Primary Goal? Increased Strength Increased Flexibility Decrease Stress/Meditate
 Weight Loss Injury/Rehab Medical Benefit Other: _____

I, (print name) _____, hereby agree to the following:

That the instruction offered by Bikram’s Yoga College of India - Abbotsford & Garrison is limited to that of instruction of yoga and health.

That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate before coming to Bikram’s Yoga College of India - Abbotsford & Garrison.

I attest that I have no psychological, medical, or emotional condition(s) that would prevent me from safe participation in a Bikram Yoga class.

I release and discharge Bikram’s Yoga College of India - Abbotsford & Garrison, its director, and its instructors from any and all liability, claims, damages, or actions that I may have resulting from injury, death or damage arising from my participation in the yoga class, including losses caused by negligence of the released parties.

I recognize that this agreement of release and waiver of liability is a legal contract and that I have complete knowledge of its contents.

I recognize that the tuition paid herewith and such registration fees paid hereafter are non-refundable; such refund, if any, as are made will be entirely within the discretion of Bikram Yoga Abbotsford | Garrison.

I further agree that I WILL NOT SUE OR MAKE A CLAIM against the released parties for damage or other losses sustained as a result of my participation in the Yoga Training. I also agree to IDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgements and costs, including attorney’s fees, incurred in connection with any action brought as a result of my participation at Bikram Yoga Abbotsford & Garrison.

I will follow the rules of etiquette of the studio as explained by Bikram Yoga Abbotsford & Garrison staff and instructors.

I have read this agreement and fully understood its contents and meanings, and sign it on my own free will.

(Signature of applicant or parental consent if under 16 years)

Date _____