

_____ Scan Card
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Package: _____
Payment: _____
Date: _____
Class Taken: _____

BIKRAM YOGA DELTA REGISTRATION AND WAIVER FORM

*****Please PRINT Clearly*****

FIRST NAME: _____ LAST NAME: _____

HOME #: _____ CELL #: _____ Cell Network for text alerts: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ BIRTHDAY (MM/DD/YYYY): ____ / ____ / ____

EMAIL: _____ GENDER: Male Female

****All studio communications are done through e-mail including CLASS CANCELLATIONS, schedule changes, studio updates, helpful tips and studio newsletter. It is in your best interest for you to provide a current e-mail address. We do not share e-mail addresses with any third parties. Your privacy will be respected. ****

How did you hear about us? _____ id: _____ *(Please PRINT friend's name & Member Scan ID #)*

Physical/Health Ailments/Injuries/Mediactions: _____

PLEASE READ THE FOLLOWING CAREFULLY

In consideration of and as an inducement to you enrolling me as a student of Bikram Yoga Delta/ Bikram's Yoga College of India I represent and agree as follows:

1. 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.
2. I will faithfully follow all instructions given me by you and your instructors as to when, where, and how to perform and not to perform Yoga exercises, being understood that any deviation by me from such instructions shall be at my own risk.
3. I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
4. I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only, and I will not hold you, your partners, instructors, or employees to any higher standard of care than that applicable to school of Yoga theory and exercises.
5. The tuition paid herewith and such registration fees paid hereafter are non-refundable and non-transferable; such decisions, if any are made, shall be entirely within the discretion of Bikram Yoga Delta/Yoga College of India.
6. I consent to receiving email communications from Bikram Yoga Delta.
7. I understand that the school may be closed for up to four(4) weeks in a calendar year for major holidays, studio renovations, and other events, etc. Any tuition paid to BYD is with this understanding and this studio closure time will not be compensated or credited.
8. Attendance to classes is the responsibility of the student. Irregular or non-attendance will not be compensated/credited.
9. I agree to have my photo taken for purely identification purposes only.
10. **Students may lie down at any time during class but must stay in the room for the duration of class so as not to disturb other students practice and so that the instructor may keep an eye on you at all times for your safety.**

Signature: _____	Date: _____
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Bikram Yoga Delta is not responsible for lost or stolen items.

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