



Level 2, 20-26 President Ave, Caringbah 2229

Ph:1300 245 726 Fax:9525 6988

Registration and Liability waiver

Under 18

PLEASE PRINT CLEARLY

Name:	
Address:	
Ph:	Email:
Male / Female	D.O.B:
Referred by:	
Medical issues/medication:	

As a condition of my participation at Bikram Hot Yoga Sutherland Shire, I agree to the following; by way of signing onto the register for each class I renew these details:

- a) I have been examined by a licensed physician within the past six months and have been found to be in good physical health and fully able to perform all yoga exercises which I learn and perform during my enrolment with you.
- b) I will faithfully follow all instructions given by you and your instructors as to when, where and how to perform and not to perform yoga exercises. And being understood that any deviation by me from such instructions shall be at my own risk.
- c) I will not hold you, your partners or employees responsible for any injuries suffered by me caused whole or in part by my failure to follow the instructions of you and your instructors or by any physical impairment of mine not fully disclosed to you in writing. Especially in the cases of heart conditions, blood pressures types and weight issues.
- d) I understand that all payments are non-refundable. Any refunds will be made only at the discretion of Bikram's Yoga College of India, Sutherland Shire.
- e) I understand and acknowledge that I am to receive in yoga theory and exercise only and I will not hold you, your partners, instructors or employees to any higher standard of care other than applicable to this school of yoga theory and exercise.

Student Signed: _____ Date: _____

Parent Name: _____

Emergency Contact Number: _____

Parent Signed: _____ Date: _____

ID:	Payment: Cash / ATM / CC
Member#:	Staff/Time: