

Name	<input type="text"/>																					
Address	<input type="text"/>																					
	<input type="text"/>																					
	<input type="text"/>															Postcode	<input type="text"/>					
Mobile	<input type="text"/>																					
Home Telephone	<input type="text"/>																					
Email	<input type="text"/>																					
	<input type="text"/>																					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													Male	<input type="text"/>	Female	<input type="text"/>
Emergency Contact Name	<input type="text"/>																					
Telephone Number	<input type="text"/>																					

Your details will not be passed on to third parties but will be used to update you on future offers, class schedule updates and studio news. If you do not want to be on our mailing list please tick box.

**How did you hear about Bikram Yoga?**

<input type="checkbox"/> Internet	<input type="checkbox"/> Passing by	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Magazine / Newspaper article	<input type="checkbox"/> Leaflet	<input type="checkbox"/> Other (please specify) _____

**Have you practiced Bikram Yoga before?** Yes  No

**How do you travel to the studio?**

Bus     Tram     Train     Walk     Cycle     Car     Moped/Motorbike     Taxi

**What are your goals in attending Bikram Yoga?**

<input type="checkbox"/> Weight loss	<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Detox
<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Improve strength	<input type="checkbox"/> Improve posture
<input type="checkbox"/> Improve concentration	<input type="checkbox"/> Relaxation	<input type="checkbox"/> General health & fitness
<input type="checkbox"/> Help heal an injury? Back, Knee, Shoulder, Ankle, Other (specify) _____		

**Have you any medical conditions?**

Diagnosed with a heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	High blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Low blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Joint problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dizzy spells?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify) _____			

Are you pregnant or have you given birth in the last six months? Yes  No

Are you underweight? Yes  No

If you are underweight has your doctor approved your exercise? Yes  No

Are you taking any medication which might affect you participating in exercise? Yes  No

Is there any reason you may not be able to participate in exercise? Yes  No

Have you had any recent surgery? Yes  No

**If you have ticked YES to any of the above, please inform your teacher before each class.**

**PLEASE READ THE FOLLOWING:**

**IN CONSIDERATION OF AND AS AN INDUCEMENT TO ENROLLING AS A STUDENT OF BIKRAM'S YOGA COLLEGE OF INDIA, 51 CHURCH STREET, MANCHESTER, M4 1DP, I REPRESENT AND AGREE AS FOLLOWS:**

1. I have been examined by a licensed doctor within the past six months and have been found by such doctor to be in good physical health and fully able to perform all yoga exercises which I am to learn and perform during my enrolment with you. I represent and warrant that I have no medical condition or injury which would prevent me from fully participating in Bikram Yoga. Any impairment I have I will disclose to you in writing.
2. I understand that it is my continuing responsibility to inform the teacher(s) at Bikram Yoga of any previous or current medical conditions, injuries or surgeries prior to class.
3. I will faithfully follow all instructions given to me by you and your teachers as to when, where and how to perform and not perform yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
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, teachers, or employees to any higher standard of care than that applicable to a school of yoga theory and exercises.
5. These classes entail intensive physical activity (conducted in a heated room – approximately 105 degrees Fahrenheit) and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition; I assume full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participation.
6. In future consideration of being permitted to participate in Bikram Yoga, I knowingly, voluntarily and expressly waive any claim I may have or acquire against Bikram Yoga, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in Bikram Yoga.
7. My heirs and legal representatives forever release, waive, discharge and covenant not to sue Bikram Yoga for any injury, condition or death which arises, is caused by or is aggravated by reason of my participation in Bikram Yoga.
8. The tuition paid herewith and any fees paid hereafter are non-refundable. Refunds, if any, that are made shall be entirely at the discretion of Bikram Yoga Manchester.
9. Bikram Yoga reserves the right to refuse access. I also understand that except for a monetary refund, I have no claims against Bikram Yoga by reason of their refusal to allow me to participate in Bikram Yoga.
10. I understand and acknowledge that Bikram Yoga Manchester is not responsible for any loss, theft or damage to personal property left on its premises.
11. I agree to abide by Bikram Yoga Manchester's terms and conditions, a full copy of which is available, including operational rules which may be displayed in various parts of the studio. Bikram Yoga Manchester reserves the right to make amendments to these terms and conditions. I understand that if I do not comply with these rules I may be denied access.
12. I have read the above agreement of release of waiver and liability and fully understand its contents, I voluntarily agree to the terms and conditions stated above.

SIGNATURE:

DATE:  /  /

(Signature of parent or guardian if under 16)

For office use only	
Intro <input type="checkbox"/> P <input type="text"/>	
T <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> Other <input type="text"/>	CA <input type="checkbox"/> CC <input type="checkbox"/> CQ <input type="checkbox"/>
ID <input type="text"/>	Total <input type="text"/>