



BIKRAM YOGA

WERRIBEE | YARRAVILLE

Registration Form

TITLE: _____ FIRST NAME _____ SURNAME _____

STREET: _____

SUBURB _____ STATE _____ POSTCODE _____

EMAIL ADDRESS _____

HOME PHONE _____ WORK _____ MOBILE _____

REFERRED BY _____ YOUR BIRTHDAY _____

INJURIES _____

(PLEASE INFORM YOUR TEACHER IF YOU ARE PREGNANT OR BREASTFEEDING)

In consideration of being permitted to participate in the Yoga classes at the

Bikram Yoga Werribee, Level 1, 99 Watton St, Werribee VIC 3030

Bikram Yoga Yarraville, 21 Hall Street, Yarraville VIC 3013

I represent and agree as follows:

- That I am participating in the Yoga classes, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous, and I am aware of the hazards and risks involved.
- I understand that it is my 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 have no medical condition, which would prevent my full participation in the Yoga classes.
- I will faithfully follow all the instructions given to me by all the instructors as to when, where and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk.
- I will not hold your instructors or employees legally or financially responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions by your instructors, or by any physical impairment of mine not fully disclosed to you in writing.
- I understand that the tuition paid herewith and such registration fees paid hereafter are non-refundable and non-transferable. Any refunds if any shall be made entirely at the discretion of Bikram Yoga Werribee/Yarraville.

SIGNATURE OF PARTICIPANT

DATE