



Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ email \_\_\_\_\_

Any injuries? \_\_\_\_\_ Referred by \_\_\_\_\_

\*please use space on the back of this card if necessary for injury disclosure

In consideration of and as an inducement to enroll as a student of Bikram's Yoga College of India, Kansas City, (BYCIKC) I the undersigned, hereby represent and agree for myself, my heirs, assigns, executors and administrators as follows:

I have been examined by a licensed physician within the last six months and have been found by such physician to be in good physical health and able to perform the yoga exercises which I am to learn and perform during my enrollment with BYCIKC.

I will follow all instructions given to me by the instructor as to when, where and how to perform and/or not perform yoga exercises. I understand Any deviation by me from such instructions shall be entirely at my own risk.

I waive any and all claims against BYCIKC for any and all damages to my person or property I may sustain in connection with my enrollment, (including any and all injuries and damages caused in whole or in part by my failure to follow instructions or by any physical impairment of mine not fully disclosed to BYCIKC in writing) and will not hold BYCIKC responsible for them.

I understand that my tuition paid is non-refundable. I understand and have read the studio policies posted in the entryway. I understand and acknowledge that I am to receive instruction in yoga theory and exercise only, and I will not hold BYCIKC to any higher standard of care than that applicable applicable to a class of yoga theory and exercises.

I have read this entire release. I fully understand the entire release and acknowledge that I have had the opportunity to reivew the release with an attorney of my choosing if I so desire, and I agree to be legally bound by this release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*if under 18 cosigned by guardian