

Bikram Yoga College of India, Sandy

9343 South 1300 East, Sandy, Utah 84094

PRINT

TODAY	_____ / _____ / _____
Amount Paid	_____
By	_____ (Cash, CC, CK, Etc.)
Start	_____ End _____

Registration / Contract

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Birth Date ____ / ____ / ____ Age ____ Referred By _____
(Please be specific: Friend's name, Catalyst, Website, Sign, T.V., etc.)

Email Address : _____
(PLEASE PRINT CLEARLY).

EMERGENCY CONTACT: _____ Relationship _____ Phone (_____) _____

Are you pregnant? Yes/No Please list any concerns or injuries you have _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

In consideration and of and to your enrolling as a student in the yoga classes conducted by Bikram Yoga College of India, Sandy, hereinafter called YCI, I represent and agree to the following:

1. I recognize that yoga classes are done in a hot room and requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. 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.
3. I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the yoga classes.
4. I knowingly, voluntarily, and expressly waive any claim I or my heirs may and agree to hold YCI, Jacqueline Young and Alexander Wheeler, its staff and agents, harmless from any and all liability, actions, claims, demands of every kind and nature whatsoever which may arise from or in connection with any activities of BCI at any location where a staff members or agent may be holding a class or workshop. The terms thereof shall serve as a release and assumption of risk for my heirs, executors, and administrators, and for all members of my family.
5. I understand and acknowledge that I am to receive instruction in yoga theory and exercise 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 exercise.
6. The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refunds, if any, as are made shall be entirely within the discretion of the YCI, Sandy.
7. I understand that there is a three day period after this contract is executed to rescind the contract. Based on a prorated share of membership.
8. All equipment and services are subject to change or deletion at the discretion of the facility.
9. IN THE EVENT THE YOGA STUDIO CLOSES AND ANOTHER HEALTH SPA FACILITY OPERATED BY THE SELLER, OR ASSIGNS OF THE SELLER, OF THIS CONTRACT IS NOT AVAILABLE WITHIN A FIVE (5) MILE RADIUS OF THE LOCATIONS THE MEMBER INTENDS TO PATRONIZE, SELLER WILL REFUND TO MEMBERS A PRORATA SHARE OF THE MEMBERSHIP COST, BASED UPON THE UNUSED MEMBERSHIP (CLASS PACKAGE) TIME REMAINING ACCORDING TO THE CONTRACT.

Date _____ Signature of Participant _____

As Legal Guardian of _____ I consent to the above terms and conditions

Date _____ Signature of Parent or Guardian _____