

Registration & Liability Waiver

Bikram Yoga West Linn and Bikram Yoga Happy Valley

Name _____ Date _____ DOB _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

(All contact and address information will be kept confidential by BYWL and BYHV)

Please Indicate Agreement by Initialing Each Line:

____ I desire to participate in yoga classes. I have been examined by a licensed physician in the last six months, and was found to be in good health and able to participate in all yoga exercises for which I am instructed during the course of my enrollment.

____ I will faithfully follow all instructions given to me by the instructor(s), participate with the group to the best of my ability and rest as needed.

____ I am fully aware of and accept the inherent risk associated with any rigorous exercise program, including Bikram Yoga. I understand that at all times while in yoga classes that I am responsible for myself and will respect my body's limitations.

____ I will not hold Bikram Yoga West Linn or Bikram Yoga Happy Valley, its owners, affiliates, instructors or employees responsible for any injuries incurred or aggravated by me while in yoga class(es) or on the premises of Bikram Yoga West Linn or Bikram Yoga Happy Valley.

____ I have read and understand Bikram Yoga West Linn's and Bikram Yoga Happy Valley's policies and agree to comply with them.

Please list any physical conditions, impairments, illnesses or medication (this will only be shared with the Bikram Yoga instructors at BYWL or BYHV):

How did you hear about us?

____ Friend ____ Internet ____ Ad/Article ____ Coupon ____ Walking/driving

DATE SIGNATURE SIGNATURE OF PARENT OR GUARDIAN (if under 18)

BIKRAM YOGA WEST LINN
1554 GARDEN ST STE 101
WEST LINN OR 97068

BIKRAM YOGA HAPPY VALLEY
15932B SE HAPPY VALLEY TOWN CENTER
HAPPY VALLEY OR 97086

