



Name: _____ Email: _____

Street Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

In consideration of and as inducement to your enrolling as a student of Bikram Yoga Columbia SC, 4715 Forest Drive, Columbia, SC 29206, I represent and agree as follows:

- (1) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all Yoga exercises which I am to learn and perform during my enrollment with Bikram Yoga Columbia SC.
- (2) I will faithfully follow all instructions given me by Bikram Yoga Columbia SC and it's 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 instructions shall be at my own risk.
- (3) I will not hold Bikram Yoga Columbia SC, its' partners, owners, instructors, or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow instructions of Bikram Yoga Columbia SC instructors or owners or by any physical impairment of mine.
- (4) I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only, and I will not hold Bikram Yoga Columbia SC, its' partners, instructor, owners, or employees to any higher standard of care than that applicable to school of Yoga theory and exercises.
- (5) The tuition paid herewith and such registration fees paid hereafter are non-refundable, non-transferable, and non-extendable; such refunds if any, as are made shall be entirely within discretion of Bikram Yoga Columbia SC.
- (6) I will not hold Stretch Bend and Sweat, LLC, it's employees or owners liable for any theft or items lost in the Yoga Studio.

Signature

Date

Medical Information

Date of Birth: ____/____/____

Fill in/Describe if you have any Health Problems

How did you hear about Bikram Yoga Columbia SC?

- bikramyoga.com internet search engine social media (fb,twitter,instagram)
- word of mouth friend/family member Name: _____
- drive-by other _____

Are you a local Resident? Yes / No

Have you done Bikram Yoga before? Yes / No If yes, then where? _____

What is your main goal for your practice? (please choose the most important reason)

- heal injury weight loss exercise/toning relaxation
- flexibility other _____