



Registration Waiver – Please PRINT

Name _____

Street _____ City _____ State _____ Zip _____

Contact Phone # _____ Birth date _____ Email _____

In consideration of and as inducement to your enrolling as a student of Bikram Yoga Monroe, 401 Monroe Turnpike, Monroe, CT, I represent and agree to the follows:

- I have been examined by a license physician within the past 6 months and have been found by such physician to be in good health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment with you.
- I will faithfully follow all instruction given to me by you and your 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 you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in wiring.
- I understand and knowledge that I am to receive instruction in yoga theory and exercise only, and I will not hold you or your partners, instructors or employees to any higher standard of care than that applicable to school of yoga theory and exercisers.
- 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 Bikram Yoga Monroe.

Date _____ Signature _____