



BIKRAM YOGA

HAMILTON DUNDAS

Welcome to Bikram Yoga Hamilton Dundas. Please print clearly.

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Date of Birth (M/D/Y): _____ Sex (M/F): _____

How did you hear about us? _____

Please tell us about any injuries, ailments or conditions that may affect your class performance:

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I (print name) _____, hereby agree to the following:

1. The instruction offered by Bikram Yoga Hamilton Dundas is limited to instruction of basic yoga and health. Even with clear instruction there is a possibility of injury and that it is my responsibility to consult a physician before taking a class if there are medical concerns.
2. I release and discharge Bikram Yoga Hamilton Dundas, its directors, instructors, staff and insurers from any and all liability, claim, demand or action that may result from my participation in a yoga class, or my physical presence within the premise of Bikram Yoga Hamilton Dundas.
3. I release and discharge Bikram Yoga Hamilton Dundas, its directors, instructors and staff from any and all liability, claim, demand or action that may result from the loss, theft or damage of any and all of my personal property within the Bikram Yoga Hamilton Dundas premise.
4. I understand that all yoga class packages purchased are non-refundable and non-transferable.
5. I recognize that this agreement of release and waiver of liability is a legal contract and that, I have read it carefully, and that I acknowledge and accept the terms and conditions.
6. I fully understand the terms and conditions and by signing below I attest that all information provided by me is true and accurate and that no other person has signed this document in my stead.

Participant Signature: _____ Date: _____