

BIKRAM YOGA CHADDS FORD

Waiver and Release Agreement

FULL NAME		BIRTHDAY	
STREET ADDRESS		CITY	STATE ZIP
PHONE	CELL	EMAIL	
EMERGENCY CONTACT		RELATIONSHIP	PHONE
CLASS DATE	CLASS TIME	PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	
HOW DID YOU HEAR ABOUT BIKRAM YOGA CHADDS FORD? <input type="checkbox"/> EMAIL <input type="checkbox"/> WEBSITE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER:			

1. I am or will be participating in Yoga Classes, Health Programs and/or Workshops (“the programs”) offered by Bow Studio Hot Yoga, LLC d/b/a Bikram Yoga Chadds Ford (hereafter “Bikram Yoga Chadds Ford”).
2. I understand that Yoga entails strenuous physical activity, and that participation in the Programs may cause or aggravate a physical injury or medical condition.
3. I further understand that Yoga instruction requires me to engage in intensive physical activity and that the Programs will be conducted in a room with a temperature of approximately 105 degrees Fahrenheit.
4. I realize that as with any physical activity, Yoga is potentially hazardous and may result in serious bodily injury. I am fully aware of and accept the risks and hazards involved. My participation is voluntary and I assume all risk and injury.
5. On behalf of myself, my heirs, and assigns, I forever release and discharge Bikram Yoga Chadds Ford, its owners, managers, employees, instructors, agents and others acting on their behalf of and from any and all claims, causes of action, judgments, or other losses sustained by myself which are in any way related to my participation in the Programs.
6. I am 18 years or older and have been examined by a licensed physician within the last six months and found to be in good health. Since the most recent examination, I have not been diagnosed with any type of medical issues or experienced any type of symptoms that would affect my ability to participate in the Programs. I further understand that it is my responsibility to update Bikram Yoga Chadds Ford with respect to any medical issues that could affect my ability to safely participate in the Programs.
7. I will faithfully follow all instructions given by the instructors as to when, where and how to perform Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
8. I agree that Bikram Yoga Chadds Ford is not responsible for the safe keeping of my belongings.
9. The tuition paid herewith and such registration fees paid hereafter are non-refundable; the decision to issue a refund is solely at the discretion of Bikram Yoga Chadds Ford.

I have read the above Waiver and Release Agreement and full understand its content. I voluntarily agree to the terms and conditions stated above.

Signature Date

Office Use Only		
<input type="checkbox"/> Entered in MindBody	Date Entered:	Employee Initial: