



# Bikram Yoga Fitzroy Registration

Office Use Only	
Class time .....	Intro Offer .....
Quick add .....	Casual .....
Con/Con .....	Mat .....
	Towel .....
	Towel .....
	Large Water .....
	Small Water .....
	Other .....
<b>Total:</b>	
Cash / ATM / Credit	

**PLEASE PRINT CLEARLY**

First Name:  Family Name:

Email:

Address Number:  Street:

Suburb:  State:  Post Code:

Country:

Mobile:  Home Phone:

**HOW DID YOU HEAR ABOUT US? Please Tick:**

- FaceBook
- Google
- Walked/Drove by
- Friend/Relative
- Our Website
- Bikram Website
- Other \_\_\_\_\_

**Have you done Bikram Yoga before?**  Yes  No **if yes, where?** \_\_\_\_\_

**Are you pregnant?**  Yes  No **Are you breastfeeding?**  Yes  No

**Recent injuries / illness** \_\_\_\_\_

*In consideration of and as inducement to my enrolling as a student of Bikram Yoga Fitzroy, 24-26 Johnston Street, Fitzroy, I represent and agree as follows:*

- I am in good physical and mental health and have not been told by any health professional that I should avoid vigorous physical activity.
- I understand that this Yoga practice is conducted in a hot and humid environment and that each class lasts for 90 minutes.
- I will faithfully follow all instructions given to me by you and your instructors as to when, where and how to perform the Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.

- I will not hold you, your partners, instructors or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
- I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only and will not hold you, your partners, instructors or employees to any higher standard of care than applicable to a school of Yoga theory and exercise.
- The tuition paid herewith and such registration fees paid hereafter are non-refundable, except for such refunds, if any are made, that shall be entirely within the discretion of the management.

**Signature** \_\_\_\_\_

**Date Signed**