



**Agreement of Release and Waiver of Liability**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Emergency Contact (Name/Phone):** \_\_\_\_\_

**10 for 10** \_\_\_\_\_

**Visitor** \_\_\_\_\_

**Current Physical Impairments** (include injuries, chronic illness, pregnancy, medications, etc):

**In consideration of my enrollment as a student at Bikram Yoga Portsmouth (BYP), NH, USA, I represent and agree as follows:**

1. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any program offered through BYP (classes). Further, I represent and warrant that I am in good, physical health and fully able to perform all yoga exercises which I am to learn and perform in such classes.
2. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved, and will faithfully follow all instructions given to me by you and your instructors as to when, where and how to perform and not perform yoga exercise. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in these classes.
3. I will not hold you, your 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 not fully disclosed by me to you in writing. I knowingly, voluntarily and expressly waive any claim I may have against BYP for injury or damages that I may sustain as a result of participation in the classes.
4. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue BYP for any injury or death caused by their negligence or other acts.
5. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold you or your instructors or employees to any higher standard of care than that applicable to a school of yoga theory and exercise.
6. The tuition paid herewith and such registration fees paid hereafter are non-refundable. Such refunds, if any, are made entirely at the discretion of BYP.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent or guardian if participant is under 18)