



Bikram Yoga

s h e l t o n

Three Corporate Drive, Suite 201 Shelton, Connecticut 06484 (203) 929-7979

## Registration Waiver

(please print all information clearly)

Name.....  
Street.....  
City.....State.....Zip.....  
Home #.....Cell #.....Bus.#.....  
Birth Date.....email address.....  
How did you hear about us? .....

In consideration of and as inducement to your enrolling as a student of Bikram Yoga Shelton/Love Your Body, LLC I represent and agree as follows:

- I have been examined by a licensed 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/not perform Yoga and/or Pilates 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 whole on part by my failure to faithfully follow the instructions of you and 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 and/or Pilates 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 yoga theory or exercises.
- The tuition paid herewith and such registration fees paid hereafter are non-refundable and not subject to sharing; such funds if any, as are made shall be entirely within the discretion of Bikram Yoga Shelton/Love Your Body, LLC.

Date:.....Signature:.....