

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ (Required if using payment card)

Email \_\_\_\_\_

(For purchase receipts, schedules, and announcements)

Cell Phone \_\_\_\_\_ Birthday \_\_\_\_\_  Under 17, parent must print/sign

How did you hear about us? \_\_\_\_\_

Any medical issues we need to know about?

---

All participants must sign a waiver I understand and agree to the following terms and conditions:

1. I have been examined by a physician and have been found to be in good physical health and able to perform all Yoga exercises which I am to learn and perform during my enrollment with you.
2. I will follow all instructions given to me by the instructors as to when, where, and how to perform Yoga exercises, it being understood that any deviation by me shall be at my own risk.
3. I will not hold Bikram Yoga Albuquerque, or teachers responsible for any injuries. In addition, I am responsible for the costs if you need to call on an ambulance.
4. The tuition paid herewith and such registration fees paid hereafter are non-refundable.
5. We reserve the right to refuse service to anyone.
6. Bikram Yoga Albuquerque is not responsible for my personal belongings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_