

Bikram Yoga Union Square

Agreement of Release and Waiver of Liability

Full Name (Please Print) _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____ E-Mail _____

Date of Birth (Free yoga class on your birthday) _____

Have you done Bikram Yoga before? _____

Referred by: Internet ___ Ad/Article ___ Yellow Pages ___ Walk-By ___ Friend ___

1. I am, or will be participating in the Yoga Classes, Health Programs or Workshops offered by Bikram Yoga Union Square (OC Yoga Unlimited, Corp.) during which I will receive information and instruction about yoga and health. These classes entail intensive physical activity (in a heated room of approximately 100 Degrees) and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in the yoga classes, health programs, or workshops, and to receive prior approval to participate. I represent and warrant that I am physically fit and have no medical condition or injury which would prevent my full participation in the yoga classes, health programs, or workshops.
3. In consideration of being permitted to participate in the yoga classes, health programs, or workshops, I agree to assume all full responsibility for any risks, conditions, injuries, or damages, known or unknown which I might incur or aggravate as a result of my participating in same.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops (the "Programs"), I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Bikram Yoga Union Square (O.C. Yoga Unlimited, Corp.) or the landlord or any premises at which it may operate, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.
5. I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue Bikram Yoga Union Square (O.C. Yoga Unlimited, Corp.), or the landlord of any premises at which it may operate, for any injury, condition or death, which arises, is caused by, or is aggravated by reason of my participation in the programs.
6. I understand that it is my continuing responsibility to inform the instructor(s) at Bikram Yoga Union Square of any previous medical conditions, injuries, or surgeries, prior to my first class and at such other times as I acquire information as to same.

Please list the previous conditions, ailments, injuries and/or surgeries:

7. I also understand that, except for a monetary refund I have no claims against Bikram Yoga Union Square (O.C. Yoga Unlimited, Corp.), or the landlord of the premises (except for monetary refund) by reason of their refusal to allow me to participate in the programs.

I have read the above Release and Waiver of Liability and fully understand it's contents. I voluntarily agree to the terms and conditions stated above.

Date _____ Signature of participant _____