



**Bikram
Original Hot Yoga
Perth**

REGISTRATION FORM – PLEASE PRINT CLEARLY

FIRST NAME

LAST NAME

EMAIL

SUBURB **POSTCODE** **STATE**

PHONE **DATE OF BIRTH** **[TEACHER ONLY] TT DATE**

EMERGENCY CONTACT – Name & Number

Have you done Bikram Yoga before? NO YES

Are you pregnant? NO YES Are you breastfeeding? NO YES

Recent injuries / illness / surgery

In consideration of an as inducement to my enrolling as a student of Bikram Original Hot Yoga Perth, 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 an injuries suffered by me 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
- I consent to Bikram Original Hot Yoga Perth using my likeness and photos for strictly social purposes and promotion usage only

SIGNATURE _____

DATE SIGNED _____

PARENT/GUARDIAN NAME (under 16) _____

PARENT/GUARDIAN CONTACT NUMBER _____

OFFICE USE ONLY	
INTRO OFFER	<input type="checkbox"/>
CASUAL CLASS	<input type="checkbox"/>
CASUAL CON	<input type="checkbox"/>
BAB PASS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
CLASS TIME	<input type="checkbox"/>
CASH	EFTPOS
VOUCHER	