

BIKRAM YOGA **SM**

SOUTH MELBOURNE

REGISTRATION FORM

Please print clearly in CAPITALS

Title Name Surname

Address

Suburb State Postcode

Phone **M** **H** **W**

Email

Birthday Referred by

Injuries

Pregnant **Y / N** Breastfeeding **Y / N**

In consideration of and as inducement to enrolling as a student of Bikram Yoga South Melbourne, Level 1, 202-216 Clarendon Street, South Melbourne, I represent and agree to the following:

- I acknowledge that I am participating in yoga classes or workshops offered by Bikram Yoga South Melbourne during which I will receive information and instruction about hatha yoga and related subjects. I recognise that yoga requires physical exertion which may be strenuous and I am fully aware of the risks and hazards involved.
- I have been examined by a licensed physician within the past 6 months and have been found by such physician to be in good physical 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 instructions given to me by all instructors as to when and how to perform and not to perform the yoga exercises/postures. It being understood that any deviation by me from such instructions shall be done at my own risk and which may cause injury.
- I will not hold Bikram Yoga South Melbourne, its instructors or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow instructions, or, by any physical impairment of mine not fully disclosed to you in writing.
- I understand that classes/packages are not transferable in full or in part and that the registration fees paid herewith and subsequent fees paid hereafter are non-refundable. Any refunds/transfers, if any, shall be made entirely at the discretion of Bikram Yoga South Melbourne.

Signature Date

(Parent/guardian to sign if enrollee is aged under 16)

TEACHERS USE ONLY:

Day Time **AM/PM** Teacher