

**Fluid Yoga - Bikram Yoga Inner Sunset - Registration:** Class Time: \_\_\_\_\_ AM PM 30/30 Comp Drop-in Pre-pay

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Have you practiced Bikram Yoga? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**In consideration of and as inducement to you enrolling me as a student of Fluid Yoga, 455 Judah Street, San Francisco, CA 94122, I represent and agree as follows:**

1: In signing the below, I (participant) agree that Fluid Yoga is in no way responsible for the safekeeping of my personal belongings while I attend yoga class. I understand the classes at Fluid Yoga may be strenuous and I voluntarily participate in them will full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Fluid Yoga, its owners, members, teachers, assistants, or its students for any personal injury, property damage/loss or wrongful death, whether caused by negligence or otherwise. \_\_\_\_\_ **Initial**

2: I have been examined by a licensed physician within the past six 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. \_\_\_\_\_ **Initial**

3: I will faithfully follow all instructions given me by you and your instructors as to when, where and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk. I understand the room temperature can exceed 110 Degrees F and I may have an adverse reaction to this. \_\_\_\_\_ **Initial**

4: I will not hold you, your partners, instructors or employees liable & or responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing. \_\_\_\_\_ **Initial**

5: I understand and acknowledge that I am to receive instructions in Yoga theory and exercises only, and will not hold you, your partners, instructors, or employees to any higher standard of care than that applicable to school of Yoga theory and exercise. \_\_\_\_\_ **Initial**

6: I also understand that there are no refunds, exchanges, or transfers for classes or for class series, including any partial classes taken or partial class series used for any reason. Expiration dates are non-negotiable. \_\_\_\_\_ **Initial**

7: We reserve the right to change or cancel classes and/or prices at any time, with or without notice and to refuse Yoga instruction to anyone for any reason whatsoever. We charge \$15.00 for NSF checks. \_\_\_\_\_ **Initial**

**Release of Liability - Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_