



Bikram Yoga Dupont Agreement of Release and Waiver of Liability

Full Name (Please Print) _____

Street
Address _____ City _____ State _____ Zip _____

Cell Phone # _____ Work or home Phone # _____ E-Mail _____

Have you practiced yoga before? Y/N Style? _____ Where? _____

Have you done Bikram Yoga before? Y/N Where? _____

Referred by: Internet _____ Ad/Article _____ Other _____ Walk-By _____ Friend _____

1. I am, or will be participating in the Yoga Classes or Workshops offered by Bikram Yoga Dupont during which I will receive information and instruction about yoga and health. These classes entail intensive physical activity (in a heated room of approximately 105 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 participating in the yoga classes 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 or workshops.

3. In consideration of being permitted to participate in the yoga classes 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 or workshops, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Bikram Yoga Dupont for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the yoga classes or workshops.

5. I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue Bikram Yoga Dupont 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) and staff at Bikram Yoga Dupont 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 Dupont 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 _____