

understand that the tuition paid for Bikram Yoga Seacoast is non-refundable, non-transferrable and non-negotiable. I have read the above release and waiver of liability and fully understand its contents. I agree to the terms and conditions stated above.

Name _____ Date _____

IN CONSIDERATION OF MY ENROLLMENT AS A STUDENT OF BIKRAM YOGA SEACOAST, I REPRESENT AND AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONSULT WITH A PHYSICIAN PRIOR TO AND REGARDING MY PARTICIPATION IN ANY PROGRAM OFFERED THROUGH BIKRAM YOGA SEACOAST. I REPRESENT AND WARRANT THAT I AM IN GOOD PHYSICAL HEALTH AND FULLY ABLE TO PERFORM ALL YOGA EXERCISES THAT I AM TO LEARN AND PERFORM AT BIKRAM YOGA SEACOAST
2. I WILL FAITHFULLY FOLLOW ALL INSTRUCTIONS GIVEN TO ME AS TO WHEN AND HOW TO PERFORM THE YOGA EXERCISES. I UNDERSTAND THAT ANY DEVIATION BY ME FROM SUCH INSTRUCTIONS SHALL BE AT MY OWN RISK.
3. I WILL NOT HOLD BIKRAM YOGA SEACOAST, ITS PARTNERS, INSTRUCTORS OR EMPLOYEES RESPONSIBLE FOR ANY INJURIES SUFFERED BY ME CAUSED IN WHOLE OR IN PART BY MY FAILURE TO FOLLOW THE INSTRUCTIONS OF BIKRAM YOGA SEACOAST, ITS INSTRUCTORS, OR BY ANY PHYSICAL IMPAIRMENT OF MINE NOT FULLY DISCLOSED BY ME IN WRITING.
4. I UNDERSTAND AND ACKNOWLEDGE THAT I AM TO RECEIVE INSTRUCTION IN YOGA THERAPY AND EXERCISE ONLY. I WILL NOT HOLD BIKRAM YOGA SEACOAST, ITS PARTNERS, INSTRUCTORS OR EMPLOYEES TO ANY HIGHER STANDARD OF CARE THAN IS APPLICABLE TO YOGA THEORY AND EXERCISE.

THE FEE PAID HEREIN IS NON-REFUNDABLE

SIGNATURE: _____ DATE _____

Print name _____

(Signature of parent or guardian is required if participant is under 18)

Parent or guardian _____ DATE _____

Print name of parent or guardian _____