

|                  |  |   |  |        |          |
|------------------|--|---|--|--------|----------|
| Office use only: |  | Entered:  |  | Class: |          |
| Number:          |  | Paid: Cash <input type="checkbox"/> Credit <input type="checkbox"/> Eftpos <input type="checkbox"/> Online <input type="checkbox"/> |  |        | AM<br>PM |



# New Student Registration

Please PRINT clearly

Name:

Address:

Postcode:

Date of Birth:  Occupation:

Preferred Telephone: (Mobile  Home  Work

E-mail:

How did you learn about Bikram Yoga?  Full name of referrer:

What are your main reasons for coming? (Tick as many as apply to you.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To supplement my training/exercise | <input type="checkbox"/> To build strength and flexibility   | <input type="checkbox"/> To increase joint mobility          |
| <input type="checkbox"/> To tone my body                    | <input type="checkbox"/> To increase concentration and focus | <input type="checkbox"/> To have time for myself             |
| <input type="checkbox"/> To lose weight                     | <input type="checkbox"/> To increase lung capacity           | <input type="checkbox"/> To overcome the effects of injuries |
| <input type="checkbox"/> Other: <input type="text"/>        |  |  |

**Information:** Do you wish to receive newsletters or other information about events at this studio? Yes / No

**Emergency contact:** Name:  Relationship:  Phone:

**Medical condition(s):** Please advise the studio and/or your Instructor if you are **pregnant\***, have **high blood pressure**, recent illness(es), surgery, pre-existing medical conditions, or are taking any medication. (\* *Not recommended during the first trimester of pregnancy*)

I confirm and agree that the following terms and conditions and undertakings apply to the Yoga Postures and training ("Yoga Exercises") to be provided to me by Bikram's Yoga College of India Northside ("College").

- I have been examined by a licensed medical practitioner ("Practitioner") within the past six (6) months and have been found by such Practitioner able to perform all vigorous stretching and the Yoga Exercises which I am to perform during my enrolment with the College.
- I will faithfully follow all instructions given to me by the College and Instructors as to when, where and how to perform and not to perform the Yoga Exercises.
- I agree and acknowledge that participation in any Yoga Exercises could constitute a risk of serious injury to myself, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk and warrant that I am physically fit and able to perform the Yoga Exercises without risking serious injury, including permanent paralysis or death.
- I acknowledge that neither the College, its owners, Instructors or employees shall be nor be deemed to be responsible or liable (whether in contract or in tort or under any statute whatsoever), for any injury, illness or other mishap I sustain arising from or out of, or in any way directly or indirectly connected with the Yoga Exercises. I understand and acknowledge that I am to receive instruction in Yoga Exercises and theory only. The College, its owners, Instructors or employees are not liable for, nor expected to provide any advice, training or medical assistance other than in the form of Yoga Exercises.
- I indemnify and will at all times hereafter well and sufficiently indemnify and keep fully indemnified the College, its owners, instructors or employees from and against all actions, suits, causes of action, proceedings, claims, costs and expenses whatsoever which may be taken or made against the College, its owners, instructors or employees in connection with or arising out of any such injury, illness or mishap to me.
- The tuition paid by me under this enrolment from to the College is non-refundable. The College may in its sole discretion grant refunds to me without prejudicing any of its rights.

Signed:  Date:  / 20\_\_

If under 18, consent of Parent or Guardian (Sign):  Name: