



REGISTRATION AND CONDITIONS FORM

FIRST NAME _____ LAST NAME _____

P H Y S I C I A L
ADDRESS _____

AREA _____ TEL (W) _____

TEL (H) _____ CELL _____ E-MAIL _____

DATE OF BIRTH _____ GENDER (M) _____ (F) _____

EMERGENCY CONTACT PERSON _____ TEL _____

RELATIONSHIP _____ REFFERED BY _____

PLEASE ADVISE US OF ANY OF THE FOLLOWING MEDICAL CONDITIONS:

PREVIOUS INJURIES: _____

BACK PROBLEMS: _____

CARDIO VASCULAR DISEASES: _____

HIGH BLOOD PRESSURE: _____

EPILEPSY: _____

OTHER: _____

ARE YOU CURRENTLY
PREGNANT? _____

In my enrolling as a student of Divine Yoga CC trading as "Bikram Yoga Fourways", shop 223, 2nd floor, Design Quarter, Cnr. Leslie Ave & William Nicol Drive, Fourways, I represent and agree as follows:

1. 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 enrolling with Bikram Yoga Fourways.
2. I will faithfully follow all instructions given Bikram Yoga Fourways, its members, instructors, employees or agents as to when, where and how to perform Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
3. I am aware of the possible risks of participating in yoga classes at Bikram Yoga Fourways, which risk I voluntarily assume. I Will not hold Bikram yoga Fourways, its members, instructors, employees or agents liable under any circumstances for any injuries of whatsoever nature caused directly or indirectly by my participation in any of the yoga classes held at Bikram Yoga Fourways, or by any physical impairment, injury or medical condition of mine, whether disclosed by me or not. The disclosure by me of any physical impairments, injuries or medical conditions shall not create any additional liability, burden or responsibility on Bikram Yoga Fourways, its members, instructors, employees or agents, whose legal liability, if any, shall be deemed to be the same as if such physical impairments, injuries or medical conditions were not disclosed.
4. I understand and acknowledge that I am to receive instruction in yoga theory and exercise only, and I will not hold you, your partners, or employees to any higher standard of care than that applicable to a school of yoga theory and exercise.
5. The tuition paid herewith and such registration fees paid hereafter are non-refundable and non-transferable. Refunds, if any, shall be entirely at the discretion of Bikram Yoga Fourways.
6. Bikram Yoga Fourways are not responsible for any loss, theft of damage of personal belongings or self whilst on our premises.

DATE _____ SIGNATURE _____ ID
NUMBER _____