



New Student Registration Form (BYGV will never release your personal information to a third party) (PLEASE PRINT)

NAME:		
D/O/B:	Gender:	Phone Number:
Address:		
City, State, Zip Code:		
Email Address:		
Emergency Contact:	Relationship:	Phone Number:

General Questions

Have you practiced Bikram Yoga before? Yes No

How did you hear about Bikram Yoga Green Valley? Magazine Coupon Internet

Friend/Family Who? _____ Walk-In Other Please Describe: _____

Medical Conditions (please circle one)

Bikram Yoga is performed in a heated room and represents strenuous physical activity. The questions below do not substitute for a medical examination. It is strongly recommended that you seek medical approval prior to engaging in any form of strenuous activity.

Have you been diagnosed with a heart condition?	Yes	No
Do you suffer from epilepsy?	Yes	No
Do you have high blood pressure?	Yes	No
Are you pregnant or have you been so in the past 6 months?	Yes	No
Have you given birth in the past 6 months?	Yes	No
Do you have any problems with your joints?	Yes	No
Do you suffer from dizziness or fainting spells?	Yes	No
Are you underweight?	Yes	No
Has your doctor advised you against strenuous activity?	Yes	No
Do you have a slipped disc(s)?	Yes	No
Is there any reason exercise may be unsuitable for you?	Yes	No

If you checked "Yes" on any of the above, please explain.

If you answered "yes" to (or did not answer) any of the questions above, we strongly recommend that you have a physician sign a release form before you participate in any physical activities at Bikram Yoga Green Valley ("BYGV"). If you obtain a physician's release form, you must notify your instructor of any specific limitation requirements for your exercise program. If you choose to waive the recommendation to see a physician, then you hereby assume any and all risks related to the waiver, and release BYGV and its affiliated instructors, agents, servants, owners, officers, directors and employees from any related liability, and by signing this document below, you evidence your waiver.

Even if you answered "no" to all of the questions, it is recommended that you consult with a physician prior to beginning any new physical activity program. If your answers to any of the above questions change, you must notify BYGV prior to engaging in further physical activities.

Potential Risks: There are inherent risks of various physical and mental conditions, illnesses and injuries associated with engaging in any exercise program. Such risks include all types of physical injuries and illnesses such as, but not limited to, sprains, strains, broken bones, concussions, lacerations, abnormal blood pressure, heartbeat disorders, fainting, shortness of breath, chest pain, strokes, heart attack or even death.

Confidentiality: Participant's medical information will be treated as confidential and will not be revealed to any person (other than the instructor involved in the participant's exercise program) without written consent. Obtained information, however, may be used for statistical purposes with the right to privacy retained.

Member Declaration

I have read and fully understand the contents of this form and confirm that my answers are true to the best of my knowledge. I confirm that my participation in classes taught at Bikram Yoga Green valley is undertaken with the consent of a physician, and understand that any advice provided to me by any director, employee or instructor at BYGV is followed at my own risk.

1. **Inquiry and Freedom of Consent:** I have read the foregoing and I understand and accept the inherent risks of participating in an exercise program. Except as may be described in any applicable physician's release form, I certify that I am in good health and I have no condition that would limit or prohibit my participation in an exercise program. I have been declared within the past 6 months by a physician to be in good physical health and capable of performing yoga exercises in a manner consistent with those offered by BYGV. I agree and consent to voluntarily engage in any and all exercises and physical activities at BYGV at my own risk and with full knowledge and appreciation of any and all dangers and risks inherent therein. I assume full responsibility for any and all risks of bodily injury, illness, death and/or property damage suffered by me. I acknowledge that I am hereby advised to obtain any necessary medical clearances from my physician and to undertake a physical examination prior to beginning any exercise program or activity. I agree and consent to the administration of any immediate resuscitation measures deemed advisable by my instructor or other qualified personnel, although such personnel are not obligated to administer such measures.

2. **Waiver of Liability/Indemnity Agreement:** I, my heirs and legal representatives knowingly and voluntarily hereby release, waive, forever discharge and covenant not to sue BYGV and its affiliated instructors, agents, servants, owners, officers, directors and employees from and for any and all loss or damage and any claims or demands of any type, known or unknown, now or in the future, on account of or in any way related to any illness, condition or injury to my person or property, or my death. I hereby agree to indemnify and hold harmless BYGV and its affiliated instructors, agents, servants, owners, officers, directors and employees from and against any and all claims, obligations, judgments and damages arising from or relating to any illness, condition, injury to my person or property, or my death, or as a result of engaging in any exercise or activities at BYGV, or any use of equipment or facilities at BYGV. THE INDEMNITY OBLIGATIONS IN THIS PARAGRAPH APPLY EVEN IF THE ALLEGED CLAIM OR LOSS WAS ALLEGEDLY CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF BYGV OR ITS AFFILIATED INSTRUCTORS, AGENTS, SERVANTS, OWNERS, OFFICERS, DIRECTORS OR EMPLOYEES.

3. Any fees or membership dues paid by me are non-refundable other than at BYGV's discretion.

4. BYGV reserves the right to refuse access and may terminate my membership at any time for any reason. In such event, my compensation is limited to the unused amount of any dues paid.

5. BYGV is not liable for any loss, theft or damage occurring to any personal property on its premises.

I certify that I have read, understand and agree to the information and provisions in this document:

Signature _____ Date _____

All students under 18 years of age must be accompanied by a parent/guardian and must have the following filled out/signed:

I am the parent or guardian of _____. I hereby give my approval to the participation in Bikram's Beginning Yoga Class at Bikram Yoga Green Valley.

Parent or Legal Guardian Signature: _____