

For Office Use Only

Membership # : _____
Package : _____
Payment method : <input type="checkbox"/> Cash <input type="checkbox"/> ATM <input type="checkbox"/> Other
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex _____

Guest Waiver & Release

Please read the following carefully and sign at the bottom of the next page.
By signing this document, you will waive certain legal rights, including the right to sue.

Name (please print) (First) _____ (Last) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Mobile _____

Email _____

Date of Birth _____ MM / DD / YY

How did you hear about us ? _____

Emergency Contact : Name _____ Relationship _____

Telephone _____

Health Concerns

Please list any injuries, illness, medical conditions or special circumstances that we should know about

Please turn over →

Acknowledgement – Heath & Safety:

I acknowledge that the yoga instructors at Bikram Yoga Richmond are trained in the instruction of Bikram yoga only. I am aware that the physical exertion required by Bikram yoga and the forces exerted on the body can activate or aggravate pre-existing injuries. I am aware that Bikram yoga involves the practice of yoga in a heated room. I am responsible for my own health and safety. I acknowledge and agree that for my own health and safety I must:

- Listen to and follow the directions of the instructors
- Engage in yoga positions only to the extent that I am comfortable
- Ensure that I am wearing appropriate clothing for the activity and that I am properly hydrated
- Consult with my physician prior to participating in yoga classes and seek medical advice if I know or suspect that my physical or mental condition may limit my ability to participate safely in yoga classes conducted in a heated room

Assumption of Risk:

I am aware of the risks, dangers, and hazards associated with exercise and in particular with the practice of yoga in a heated room. I acknowledge that the floor can become slippery in a heated room. I accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, damage, or loss resulting therefrom.

Release of Liability and Waiver of Claims:

In consideration of Bikram Yoga Richmond allowing me to participate in Bikram yoga classes, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby agree as follows:

- To waive any and all claims that I have or may have in the future against Bikram Yoga Richmond, its directors, officers, agents, employees, independent contractors, representatives, successors, and assigns (all of whom are collectively referred to as the "Releasees") and to release the Releasees from any and all liability for any loss, damage, expense, or injury that I may suffer as a result of my participation in Bikram Yoga classes due to any cause whatsoever, including negligence on the part of the Releasees and failure on the part of the Releasees to safeguard or protect me from the risks, dangers, and hazards referred to above, and including any duty of care owed under the Occupiers Liability Act, R.S.B.C. 1996, c337
- To hold harmless and indemnify the Releasees from any all liability for any property damage or personal injury to me or to any third party resulting from my participation in Bikram yoga classes
- This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity
- This Agreement shall be governed by and interpreted solely in accordance with the laws of the province of British Columbia and shall be within the exclusive jurisdiction of the province of British Columbia
- Any litigation involving the parties to this Agreement shall be brought solely within the province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia
- In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement

I confirm that I have read and understand this Agreement prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns, and representatives may have against the Releasees.

Signature

Witness Signature

Date

*If the participant is under the age of 18 :

I acknowledge that I, _____ have signed as the legal guardian

of the participant, and that I hereby acknowledge and accept the terms and conditions listed above.