

Office Use Only
Intro _____ Drop-in _____
Cash _____ CC _____ CK# _____

Bikram Yoga Durham, NH

Waiver, Release and Indemnity Agreement

Name _____ DOB _____ Email _____
Address _____ City, State, Zip _____
Phone _____ Emergency (name & phone) _____
Surgeries, Injuries, chronic illnesses _____
Medications _____
How did you hear about us? _____

I, the undersigned, in consideration for being allowed to participate in yoga classes at Bikram Yoga (BYDNH) in Durham, NH agree to the following:

I acknowledge that Bikram Yoga is conducted in a room heated above 100 degrees Fahrenheit and that physical exertion and exposure to heat for prolonged periods may cause increase in blood pressure, heart rates and occasional dizziness. I acknowledge that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe and social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence, to the fullest extent permitted by law, of BYDNH, its employees, agents or others, or the condition of the premises, and further that there may be risks of injury, including death, to myself and, to any fetus I may carry, which may occur in connection with my participation in activities at BYDNH.

I agree to immediately report to a staff member any signs of physical distress or symptoms including, without limitation, chest pain, dizziness or unusual shortness of breath. I agree to take personal responsibility for acting on adverse signs and symptoms.

I, for myself, my heirs, executors, administrators and assigns, hereby release, discharge, and agree not to sue BYDNH, and all its respective agents, affiliates, associates, officers, directors, owners and employees (collectively "Releasees") from any and all demands, losses, or damages on account of any bodily injury, death or property damaged caused or alleged to be caused in whole or in part by Releasees or any other party's actions, inactions, or otherwise. I also agree to indemnify Releasees from any and all third party claims caused in whole or in part by my actions.

I consent to emergency medical care and transportation in the event of injury to me, as BYDNH deem appropriate. This agreement extends to any liability arising out of any medical treatment and transportation provided in the event of an emergency.

I acknowledge that BYDNH reserves the right to deny services or to revoke privileges to anyone at anytime with or without reason. I agree that I am sober and free from any and all physically impairing or mind altering drugs and or illegal substances at the time of my practice. BYDNH is not responsible for lost or stolen items.

I agree that the terms of this agreement are intended to be as broad and inclusive as is permitted by the laws of the state of New Hampshire. Any portion of this agreement found to be invalid by a court shall be invalid only with respect to such portion.

I understand that all class packages/memberships purchased at BYDNH are non-refundable and non-transferable.

I have read and understand the entire Waiver, Release and Indemnity Agreement.

Signature _____ Date _____

If student is under the age of 17, parental or guardian signature is required in addition student signature.