



Agreement of Release and Waiver of Liability

Full Name (Please Print) \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Have you done Bikram Yoga Before? Y/N

- 1. I am or will be participating in the Yoga Classes, Health Programs or Workshops offered by Bikram Yoga @ the Palisades (EunePark LLC) during which I will receive information and instruction about yoga and health. These classes entail intensive physical activity (conducted in a heated room – approx. 100 degrees Fahrenheit) and exertion by me. I recognize that such physical activity and exertion may be difficult and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in the Yoga Classes, Health Programs or Workshops, and to receive prior approval to participate. I represent and warrant that I am physically fit and I have no medical condition or injury which would prevent my full participation in the Yoga Classes, Health Programs and Workshops.
3. In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I agree to assume all full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participating in same.
4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops (the "Programs"), I knowingly, voluntarily and expressly waive any claim I may have or acquire against Bikram Yoga @ the Palisades(EunePark LLC), or the landlord or Bikram Choudhury or any premises at which it may operate, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Bikram Yoga @ the Palisades ( Eune Park LLC), or Bikram Choudhury, or the landlord of any premises at which it may operate, for any injury, condition, or death which arises, is caused by or is aggravated by reason of my participation in the Programs.
6. In understand that it is my continuing responsibility to inform the instructor(s) at Bikram Yoga @ the Palisades of any previous medical conditions, injuries or surgeries prior to my first class and at such other times as I acquire information as to same.

Please list any previous conditions, ailments, injuries and/or surgeries:

\_\_\_\_\_

- 7. I also understand that, except for a monetary refund, I have no claims against Bikram Yoga @ the Palisades (EunePark LLC), or the landlord of the premises or Bikram Choudhury (except for monetary refund) by reason of their refusal to allow me to participate in the Programs.

I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_