



**Print off this Registration Form and bring it with you to your first class to save time!*

NAME: _____

ADDRESS: _____

EMAIL: _____

CITY/TOWN: _____

NUMBER: _____

POSTAL CODE: _____

Have you ever done the Hot Yoga (Bikram) Method before? **YES** or **NO**

How did you hear about us? _____

In consideration of and as inducement to your enrolling as a student of Hot Yoga Winnipeg, I represent and agree as follows:

Please list below any ailments you may have: such as asthma/diabetes/physical ailments/past surgeries: _____

- I understand that if I purchase the 2 classes for \$20, my unused 2nd class expires in 3mo.
- I will faithfully follow all instruction given to me by you and your instructors as to when, where, and how to perform/not perform yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
- I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole on part by my failure to faithfully follow the instructions of you and your instructors or by any physical impairment of mine not fully disclosed to you in writing.
- I understand and acknowledge that I am to receive instruction in Yoga theory and exercise only, and I will not hold you or your partners, instructors or employees to any higher standard of care than that applicable to yoga theory or exercises.
- The tuition paid herewith and such registration fees paid hereafter are non-refundable, such funds if any, as are made shall be entirely within the discretion of Hot Yoga Winnipeg.

DATE: _____

SIGNATURE of legal guardian if under 18:

SIGNATURE: _____
