

**Yoga Health Center**  
636 El Camino Real, San Carlos, CA 94070  
[www.yogahealthcenter.com](http://www.yogahealthcenter.com)

Time of class _____
Teacher _____
Assistant _____
PAYMENT: _____

**New Student Registration & Disclaimer**

*Ask about our 'Buy One Month Unlimited and Get One Month FREE' offer.  
For NEW to Bikram Yoga Students ONLY. Offer good through March 30, 2010.*

**Please PRINT Clearly**

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

**We are the only users of our student's email and are very respectful of your address.** We use it only to keep you informed of any change in class schedules, upcoming workshops, or special offers. To REMOVE from our list, simply return with "Remove" in the subject area.

Street \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

\*Cell \_\_\_\_\_ Res Tel. \_\_\_\_\_ Biz \_\_\_\_\_

Emergency tel # and first name of contact \_\_\_\_\_

Have you ever taken a Bikram Yoga class before? Yes \_\_\_\_\_ No \_\_\_\_\_

Birthday (Month / day only) \_\_\_\_\_ Name of person referring you \_\_\_\_\_

1. Sign /walk by \_\_\_\_ 2. Web site \_\_\_\_ 3. Friend \_\_\_\_ 4. Mailing \_\_\_\_ 5. Brochure \_\_\_\_ 6. Tel book \_\_\_\_

7. Search engine / name \_\_\_\_\_ 8. Postcard \_\_\_\_\_ Other \_\_\_\_\_

**(Please Read!) Release of Liability:** In signing below I agree that YOGA HEALTH CENTER is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at YOGA HEALTH CENTER may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YOGA HEALTH CENTER, its owners, teachers, assistants or its students for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

**I also understand that there are no refunds, exchanges, or transfers** for classes or for class series, including any partial classes taken or partial class series used for any reason. Expiration dates are non-negotiable.

**Release of Liability - Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We reserve the right to change or cancel classes and/or prices at any time, with or without notice and to refuse Yoga instruction to anyone. We charge \$20.00 for NSF checks.