

**BIKRAM YOGA BURR RIDGE**  
**Release Form**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: M/F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency contact Information: Required**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Any medical issues we should know about?

As a condition of my class participation at Bikram Yoga Burr Ridge, I agree to the following:  
(Please initial in the boxes)

- I have been examined by a licensed physician within the past six months and have been found by such a physician to be in good physical health and fully able to perform all Yoga exercises which I learn and perform during my enrollment with you.
- I will faithfully follow all instructions given by you and your instructors as to when, where, and how to perform and not to perform Yoga exercises, and being understood that any deviation by me from such instructions shall be at my own risk.
- I will not hold you, your partners, or employees responsible for any injuries suffered by me causes whole or in part by my failure to faithfully follow 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 in Yoga theory and exercise only and I will not hold you, your partners, instructors or employees to any higher standard of care applicable to school of Yoga theory and exercise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_