



## Registration Form and Liability Waiver

Name: \_\_\_\_\_ Phone # (home / cell): \_\_\_\_\_  
Circle one

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear about us: Facebook Morning Star Sunshine Fest Friend: \_\_\_\_\_  
(Circle all that apply)

Radio Leisure Guide Apni Directory Other: \_\_\_\_\_

Physical ailments: \_\_\_\_\_ Your occupation: \_\_\_\_\_

What is your primary goal for Studio bëë? (Circle all that apply)

Increase Flexibility Increase Health Increase Strength

Weight Loss Decrease Stress/Meditate Other: \_\_\_\_\_

I will follow the rules of etiquette of the studio as explained by Studio bëë staff and instructors.

Initial: \_\_\_\_\_

**Students may lie down at any time during class but must try to stay in the room for the duration of class so as not to disturb others' practices and so that the instructor may keep an eye on you at all times.**

Initial: \_\_\_\_\_

**Studio bëë is not responsible for lost or stolen items.**

**PLEASE SIGN WAIVER ON REVERSE**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**\*\*\*BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE FOR DAMAGE OR INJURY\*\*\***

**TO: Seikatsu Enterprises Inc. dba Bikram Yoga Vernon** (hereinafter “Seikatsu”) and their shareholders, directors, employees, agents, independent contractors, subcontractors, volunteers, representatives, associated companies, successors and assigns.

**ASSUMPTION OF RISKS**

I am aware that my participation in the high temperature Bikram Yoga exercise classes and/or programs offered by Seikatsu (the “Bikram Yoga Classes”) is subject to various inherent dangers and risks, including without limitation, personal injury, **AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH DANGERS AND RISKS ASSOCIATED WITH MY PARTICIPATION IN THE BIKRAM YOGA CLASSES AND THE POSSIBILITY OF PERSONAL INJURY, PROPERTY DAMAGE, DEATH OR LOSS RESULTING THEREFROM AND THE RESULTING LOSS TO MY FAMILY, LOVED ONES AND MY ESTATE.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of Seikatsu permitting my participation in the Bikram Yoga Classes, I hereby agree as follows:

1. To waive any and all claims that I may have against Seikatsu Enterprises Inc. dba Bikram Yoga Vernon and their shareholders, directors, employees, agents, independent contractors, subcontractors, volunteers, representatives, associated companies, and successors and assigns (all of whom are hereinafter collectively referred to as “**the Releasees**”) and I do hereby release the Releasees from any and all liability for any loss, damage, expense or injury including death that I may suffer as a result of my participation in the Bikram Yoga Classes due to any cause whatsoever, **INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES**, and I agree that this release shall be effective and binding upon me, my heirs, next of kin, executors, administrators and successors;
2. To hold harmless and indemnify the Releasees from any and all damages, claims, actions and costs, legal or otherwise, whatsoever, which are suffered by or made by any third party and which arise out of my participation in the Bikram Yoga Classes;
3. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Bikram Yoga Classes, other than what is set forth in this Agreement. I acknowledge and understand that it is my responsibility to consult with a physician prior to participating in the Bikram Yoga Classes, and I represent and warrant that I have no medical condition that would prevent my full participation in the Bikram Yoga Classes.

I am the full age of nineteen (19) years and I have read and understand this release prior to signing it, and I am aware that by signing this release I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and successors may have against the Releasees.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Participant’s Signature**

\_\_\_\_\_  
**Witness’s Signature**

\_\_\_\_\_  
Print Participant’s Name Clearly

\_\_\_\_\_  
Print Witness’s Name Clearly

\_\_\_\_\_  
Signature of Guardian if Participant under 19 years of age

\_\_\_\_\_  
Print Name of Guardian Clearly