

# Bikram Yoga Naperville Visitor Card

Welcome to Bikram's Beginner Yoga Classes and the Hot Room – for people who are looking for optimal health and a challenging workout. You're in the right place!

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

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

Sex: M / F \_\_\_\_\_ DOB: \_\_\_\_\_ Referred By: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you have any Medical Issues we should know about, if so please list: \_\_\_\_\_

\_\_\_\_\_

As a condition of my class participation at Bikram Yoga Naperville, I agree to the following:

1. I have been examined by a licensed physician within the past six months and have been found by such 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.
2. I will faithfully follow all instructions given by you and your instructors as to when, where, and how not to perform Yoga exercises, and being understood that any deviation by me from such instructions shall be at my own risk.
3. I will not hold you, your partners, College of DuPage or any employees responsible for any injuries suffered by me caused in whole or in 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.
4. I understand and acknowledge that I am to receive instruction in Yoga theory and exercise only, and I will not hold you, your partners, instructors, College of DuPage, or employees to any higher standard of care than applicable to the school of Yoga theory and exercise.

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