

# Bikram Yoga Ashburn

## Release and waiver of liability agreement

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ (circle which one) Wk/Hm \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone Number \_\_\_\_\_

Medical Conditions/Injuries \_\_\_\_\_

Medications \_\_\_\_\_

Referred by/Promotion/AD \_\_\_\_\_

### Please read and sign:

I am participating in the yoga classes offered by Bikram Yoga Ashburn during which I will receive information and instruction about Yoga Classes. I recognize that these classes require physical exertion by me (in a room heated about 110 degrees Fahrenheit). I recognize that I may find such exertion to be strenuous and that such activity may aggravate or cause physical injury/medical condition. I am fully aware of this and willingly assume the risk and hazards involved.

I understand and agree that it is my sole responsibility to consult with physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the yoga classes, workshops and health programs at Bikram Yoga Ashburn. In consideration of being permitted to participate in the programming, I agree to assume full responsibility for any risk, injuries, or damages, known or unknown, which I might incur as a result of participation in the programming. I hereby warrant and represent that I am 18 years of age and older.

In further consideration of being permitted to participate in the programming, I knowingly, voluntarily, and expressly waive any claim I have or may have against Bikram Yoga Ashburn, its instructors, officers directors, partners, owners, and employees (collectively Bikram Yoga Ashburn), the landlord of any premises at which Bikram Yoga Ashburn may operate, or Bikram Choudhury for any injury, condition, or death that arises, is caused by, or is aggravated by reason of my participation in the programming.

I, my heirs, or legal representatives forever release, waive and covenant not to sue/hold responsible the Bikram Yoga Ashburn, Bikram Choudhury or the landlord of any premises at which it may operate for 1) Any injuries suffered by me caused in whole or in any part by my failure or refusal to follow the instructions of you or your instructors or by any physical impairment of mine and 2) any injury, condition, or death which arises, is caused by, or is aggravated by reason of my participation in the programming.

The tuition paid herewith and such registration fees paid hereafter are non-refundable as a matter of right. Refunds if any, as are made shall be entirely within the sole discretion of Bikram Yoga Ashburn. Also, I agree that if I bring any personal property to the Bikram Yoga Ashburn property, and I store or leave my personal property on the property, I will do so at my own risk and that the risk of loss from any casualty to said personal property regardless of the cause of the casualty shall be on me.

I hereby acknowledge and agree that I have read the above release and waiver liability and fully understand its content. I voluntarily agree to the terms and conditions contained herein and I hereby acknowledge that Bikram Yoga Ashburn would not agree to permit me to participate in any of its programming if I chose not to accept the terms and conditions of this agreement.

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

\*\*\*Note: If you are under 18 years of age, your parent or legal guardian must also sign this form.

Signature of Legal Guardian \_\_\_\_\_

Payment Plan Authorization Form

First Name	Middle Initial	Last Name
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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Auto-Debit Payment Plan

Every \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

Start Date Month \_\_\_\_\_ Day \_\_\_\_\_, Year \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

End Date Month \_\_\_\_\_ Day \_\_\_\_\_, Year \_\_\_\_\_ Fee Per Transaction \$ \_\_\_\_\_

Total Due to Service Provider \$ \_\_\_\_\_ Total Amount Each Payment \$ \_\_\_\_\_

Number of Payments \_\_\_\_\_

Customer's Bank Information

Service Provider Name \_\_\_\_\_

Service Provider Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp: \_\_\_\_\_

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me, the undersigned, of my intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (minimum 60 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid in full or unless the plan is terminated earlier by me as above. I understand any added amounts may be applied for with a new authorization form.

If I request an early cancellation of this agreement and it is honored, I authorize and agree for Bikram Yoga Ashburn to debit my account for the balance of the term in full as well as any fees involved.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to Bikram Yoga – Ashburn, no later than 30 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Bikram Yoga – Ashburn due to NSF (Non-sufficient Funds). I will be liable to pay a NSF fee of \$60.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I hereby agree to indemnify and hold the Service Provider, the bank, and Bikram Yoga – Ashburn harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_