

REGISTRATION

NAME _____

STREET _____

CITY _____ POSTAL CODE _____ STATE _____

HOME PHONE _____ MOBILE _____

EMAIL _____

REFERRED BY _____

INJURIES _____

PLEASE INFORM THE TEACHER IF PREGNANT OR BREASTFEEDING

In consideration of and as inducement to your enrolling as a student of the Yoga College of India, level 1, 179 Bridge Rd, Richmond, I represent and agree as follows:

- 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 am to learn and perform during my enrolment with you.
- I will faithfully follow all instructions given to me by you and your instructors as to when, where and how to perform and not to perform Yoga exercises, it 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 caused whole or in part by my failure to faithfully follow instructions of your instructions or by any physical impairment of mine not fully disclosed to you in writing.
- I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only, and I will not hold you, your partners, instructors, or employees to any higher standard or care than that applicable to school of Yoga theory and exercises.
- The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refunds if any, as are made shall be entirely within the discretion of the Yoga College of India.

DATE

SIGNATURE