

**BIKRAMYOGA**  
**N A S H U A**  
**New Student Registration Form**

Teacher _____
10/10? <input type="checkbox"/>
Drop-In <input type="checkbox"/>
Date Stamp

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

Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In considering of and as an inducement to your enrolling as a student of Bikram Yoga Nashua, 5 Pine Street Extension, Nashua, NH 03060, I represent and agree as follows:

I am aware that participation in a sport or Yoga may result in accident or injury, and I assume the risk connected with the participation in a sport or yoga and represent that I am in good health and suffer from no physical impairment which would limit my use of Bikram Yoga Nashua's facilities. I acknowledge that Bikram Yoga Nashua, LLC, its members, managers, employees and agents (the "Releases Parties") shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind from or related to my use of the facilities of participation in any sport or exercise or activity within or without the club premises, and I agree to hold Bikram Yoga Nashua, LLC harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Personal Property. I agree that if I bring any personal property to the Property, and I store or leave any personal property at the Property, I will do so at my own risk and that none of the Released Parties shall have any liability in the event of loss, damage, unauthorized use (by any person other than a Released Party), theft, or injury resulting from the personal property.

Acknowledgement. I acknowledge that Bikram Yoga Nashua, LLC has the right to refuse service to anyone, including me, for any reason. I also acknowledge that Bikram Yoga Nashua, LLC does not give any refunds, exchanges, or transfers on anything purchased at Bikram Yoga Nashua, LLC.

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

How did you hear about us?	Please list any current or chronic medical conditions and medications (pregnancy, illness, pain, injury, etc):
<input type="checkbox"/> Friend <input type="checkbox"/> Sign/Walk by <input type="checkbox"/> Ad <input type="checkbox"/> Website	

*Bikram Yoga Nashua will use your email to notify you about schedule updates, offers, and events. Bikram Yoga Nashua is the sole user of the email list. Let us know if you would like to be removed. We will do so promptly.*