



636 El Camino Real, San Carlos, CA 94070

Time of class _____
Teacher _____
Assistant _____
PAYMENT:

30 days for \$30

introductory offer for new students - unlimited yoga

New Student Registration & Disclaimer - Please PRINT Clearly

Name _____

E-Mail _____

We are the only users of your e-mail and are very respectful of your e-mail address.

We use it only to keep you informed of any change in class schedules, upcoming workshops, or special offers.

To REMOVE from our list, simply 'Unsubscribe' at the bottom.

Street _____ City _____ ZIP _____

*Cell _____ Res Tel. _____ Biz _____

Emergency tel # and first name of contact _____

Have you ever taken a Bikram Yoga class before? Yes _____ No _____

Birthday (Month / day only) _____ Name of person referring you _____

1. Sign /walk by _____ 2. Web site _____ 3. Friend _____ 4. Mailing _____ 5. Brochure _____ 6. Tel book _____

7. Search engine / name _____ 8. Postcard _____ Other _____

(Please Read!) Release of Liability: In signing below I agree that YOGA HEALTH CENTER is in no way responsible for the safekeeping of my personal belongings while I attend class.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YOGA HEALTH CENTER, its owners, teachers, assistants or its students for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I also understand that there are no refunds, exchanges, or transfers for classes or for class series, including any partial classes taken or partial class series used for any reason. Expiration dates are non-negotiable.

Release of Liability - Signature _____ Date _____

We reserve the right to change or cancel classes and/or prices at any time, with or without notice and to refuse Yoga instruction to anyone. We charge \$20.00 for NSF checks.