

**Agreement of Release and Waiver of Liability  
Lioness Studios, LLC d/b/a Bikram Yoga Epping**

**Name:** \_\_\_\_\_ **10 for 10** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Visitor** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Referred by:** \_\_\_\_\_  
**Emergency Contact (Name/Phone):** \_\_\_\_\_  
**Current Physical Impairments** (please list recent surgeries, chronic conditions, pain, medications, pregnancy, etc):

**In Consideration of my enrollment as a student at Bikram Yoga Epping (BYE), NH, I represent and agree as follows:**

1. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any program offered through BYE (classes). Further, I represent and warrant that I am in good, physical health and fully able to perform all yoga exercises which I am to learn and perform in such classes.
2. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Programs, and I hereby elect to voluntarily participate and will faithfully follow all instructions given to me to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in these classes.
3. I will not hold you, your instructors or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors, or by any physical impairment not fully disclosed by me to you in writing. I knowingly, voluntarily and expressly waive any claim I may have against BYE for injury or damages that I may sustain as a result of participation in the classes.
4. I hereby release, waive, discharge and covenant not to sue BYE, its members, servants, agents, contractors, and employees from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or relating to any loss, damage or injury, including death, that may be sustained by me whether caused by the negligence of BYE, or otherwise, while participating in the yoga classes, or while in, on or upon the premises of BYE. This release is given on behalf of myself, my family, my spouse, my heirs or legal representatives as applicable,.
5. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold you or your instructors or employees to any higher standard of care than that applicable to a school of yoga theory and exercise.
6. The tuition paid herewith and such registration fees paid hereafter are non-refundable. Such refunds, if any, are made entirely at the discretion of BYE.

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.

---

Date \_\_\_\_\_ Signature (parent or guardian if participant is under 18) \_\_\_\_\_

