



**RESIDENT OF HONOLULU, HAWAII  
REGISTRATION**

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE/COUNTRY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CIRCLE DAYS ATTENDING: SAT. SUN. MON. TUE. WED. THUR. FRI. SAT.**

In consideration of and as an inducement to you enrolling me as a participant of Bikram Choudhury's Bikram Yoga Retreat/Seminar at the Ilikai Hotel, August 18-25, 2007, I represent and agree as follows:

1. I have been examined by a licensed physician within the past six (6) 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 participation with you.
2. I will faithfully follow all instructions given 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.
3. I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
4. 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 of care than that applicable to the instruction of Yoga theory and exercises.
5. All registration fees paid for the Retreat are non-refundable; such refunds, if any, as are made shall be entirely within the discretion of Bikram Choudhury, President, Bikram's Yoga College of India.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

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**Circle Method of Payment: Cash / Money Order / Check / Credit Card**

**Credit Card Account #:** \_\_\_\_\_ **Type of Credit Card:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Card Holder's Name:** \_\_\_\_\_ **Card Holder's Signature:** \_\_\_\_\_

**PLEASE FAX THIS FORM TO:  
BIKRAM'S YOGA COLLEGE OF INDIA, INTERNATIONAL HEADQUARTERS  
ATT: Bikram Hawaii Seminar  
Tel: (310) 838-8040 Fax: (310) 838-5612**