

# BIKRAM YOGA PRAGUE.

IDENTIFIKAČNÍ ČÍSLO \_\_\_\_\_ INSTRUKTOR \_\_\_\_\_

RUČNÍK NA PODLOŽKU ZDARMA ANO | NE  
PODLOŽKA ZDARMA ANO | NE

BÍLÝ RUČNÍK ANO | NE  
VODA ANO | NE

## INPUT FORM

Name.....Surname.....

Address.....

Town.....Post.Code.....

Telephone.....Date of birth.....

Email.....

Corporate client.....Company name.....

## HOW HAVE YOU HEARD ABOUT US

Advertizing/articles.....

Internet (where).....

Relationship (who).....

Other.....

1. I am fully aware that during the lessons of Bikram Yoga, practiced in studios operated by Bikram Yoga Prague s.r.o., I will practice intensive physical exercise in a heated room (in a temperature of approximately 42°C). I am aware that such physical exercise may be very strenuous and tiring. I hereby declare that I am over 18 years old or that I have obtained written consent from my legal representative to attend lessons of Bikram Yoga and practice it.
2. I hereby declare that I have full physical and mental capacity and I am in good health and physical condition, that enables me to participate in a Bikram Yoga lesson. I further declare that I do not have or suffer any health disorders that would restrict or prevent me from taking part in physical exercise or practicing Bikram Yoga. Should the aforementioned not be applicable, I hereby declare that I participate in Bikram Yoga lessons with the consent of my doctor and thus at my own risk and liability.
3. I hereby pledge to strictly follow the instructions given to me by the instructors and not to modify the positions, unless previously discussed with the instructor, even though I have previously practiced yoga in a different facility and I feel capable of doing something different.

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4. In case I take part in a Bikram Yoga class and do not follow the instructor's instructions or otherwise breach this declaration, I hereby acknowledge and admit I am fully responsible for any negative impact on my health and possible complications and/or deterioration of my health that could be induced by my practicing of Birkam Yoga.

5. I am aware of the fact that I shall inform the Bikram Yoga Prague instructors about any possible health issue (illness, injury, surgery) before every lesson of Bikram Yoga.

## INFORMATION ABOUT MY HEALTH:

Cardiovascular disease      YES | NO

Previous surgery              YES | NO

Pregnancy                      YES | NO

Injury                            YES | NO

Other illness or health complications (list) :

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6. I declare that I have been acquainted with the Declaration concerning the protection of personal data before signing this form, and understand that this Declaration is published on the website: [www.bikramyoga.cz/en](http://www.bikramyoga.cz/en)

7. I acknowledge and agree that the pre-paid subscription and purchased pre-paid cards are non-refundable and not transferable to any third party.

8. Validity of all cards is one year since the date of purchase.

## I HAVE READ AND AGREE WITH THE AFOREMENTIONED CONDITIONS AND PROVISIONS.

Signature.....

Date.....

Name and Signature of the legal representative of a minor .....