**The Wellness Studio at ProMotion**

**Participant Registration and Waiver**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency contact name/phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently participating in any form of exercise? \_\_\_\_\_\_\_\_ If yes, what and how often?

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How did you hear about The Wellness Studio at ProMotion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any limitations or previous injuries that would be important for us to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release / Waiver: I am participating in classes at The Wellness Studio at ProMotion, during which I will receive information and instruction about Yoga/Pilates/Circuit Training/Barre/Senior Fitness. I recognize that all of these forms of exercise require physical exertion which may be strenuous and could cause physical injury, and that all are comprised of positions and movements which I may not have experienced before. I am fully aware of the risks and hazards that may be involved.

I understand that it is my responsibility to consult with my physician prior to and regarding my participation in any classes at The Wellness Studio at ProMotion. I represent and warrant that I am physically fit and have no medical condition which would prevent my physical participation in these classes. I will make The Wellness Studio at ProMotion’s class instructors aware of any changes in my health that could make my health/wellness vulnerable in my exercise practice.

In consideration of being permitted to participate in classes at The Wellness Studio at ProMotion, I agree to assume full responsibility for any risks, injuries and/or damages, known or unknown, which may occur or sustain, as a result of participation in these classes. I release and indemnify ProMotion Physical Therapy, The Wellness Studio at ProMotion, Amanda Pilz, Kelly Liddell, Kia Maylor , Leigh Barker, Melissa Smith & Sonya Cousino (as well as any employee of ProMotion Physical Therapy) from and against, any and all claims and liabilities.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_