

# 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?

\_\_\_\_\_

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 \_\_\_\_\_