



Today's date: ____/____/____

Last Name: _____ First Name: _____

Street address _____

City _____ State _____ Zip _____

Email: (Please print clearly) _____

May we send you our email announcements? Yes / No

Phone: Mobile (____) _____

Home (____) _____

Work (____) _____

Birth date: Month ____ Day ____ Year ____

Gender: Male / Female

Emergency contact information:

Name _____

Relationship _____

Phone _____

Please note any medical issues that we should be aware of:(check "none" if none)

__allergies

__cancer

__hypertension

__asthma

__diabetes

__respiratory condition

__blood clots

__epilepsy

__sensory issues

__blood pressure/high

__heart condition

__speech issues

__blood pressure/low

__hypotonia

__surgery

Other _____

Please mention these medical conditions to the instructor. Let them know if you have discomfort or don't feel right AT ANY TIME during this class.

May we use your class photos for promotional purposes? Yes / No

Who can we thank for introducing you to our class? (circle all that apply)

Friend, relative or instructor _____ or

Flyer, Internet, Newspaper, Other _____



Please READ and SIGN: Release and Waiver of Liability

I, _____, desire to participate in Massage Advocates for Health’s “Get Rollin’” fundamental stretch program. I understand this class involves a system of movements designed to activate the relaxation process through a series of gentle stretches, diaphragmatic breathing and fundamental core strengthening.

I understand that I am responsible for monitoring my own condition throughout this class. If any unusual symptoms occur, or if, AT ANY TIME, I experience pain or discomfort, I will discontinue, or modify, my participation within that series of movements.

If I have any questions or concerns related to my physical condition, I will consult my personal physician regarding my initial or continued participation in this class. I represent a warrant that I am physically fit with no medical conditions that would prevent me from participating.

In signing this consent form, I affirm that I have read the content and understand the nature of the information therein. I also affirm that I have discussed any medical issues or concerns with the instructors prior to attending.

In consideration of being allowed to participate in this class, I agree to release Massage Advocates for Health, Inc and Breathe Yoga Wellness Center from any liability of injury, whether current or pre-existing, or from any claims, law suits, loses or related causes of action.

I acknowledge that no diagnosis has been, or will be rendered by Massage Advocates for Health, Inc. I understand that this class is non-sectarian and has no specific religious teachings or affiliate. I agree to arrive on time and respect others within their personal space for the duration of class time.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENT. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

_____ Date: _____

Signature of Participant