Contact Information & Waiver Release
Nia at DanceWorks Studio

Name____**DOB**______________________
Address____
Phone (H)_______________________________________**Occupation**_____________________

Email: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(for program updates and follow up – your email address will not be shared)

Emergency Contact Information
Name_______________________________________**Relationship**_______________________
Phone (H) __________________ **(W)** ____________________ **(C)** _______________________

1. Have you participated in Nia classes before? ☐ Yes ☐ No
2. How did you hear about Nia?
3. Do you have a health condition that may require modifications? ☐ Yes ☐ No
   a. If yes, please describe: ____
   ____
   b. If yes, do you have advice from a physician not to exercise? ☐ Yes ☐ No
4. What change do you want to facilitate by taking Nia?

WAIVER/RELEASE
To the best of my knowledge the information produced herein is accurate. My participation in any Nia class at Danceorks Studio is voluntary and at my own risk. I release The Nia Technique, Inc. of any responsibility for any consequences arising from any activity I participate in provided by The Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I hereby release respective owners of DanceWorks Studio, instructors and assigns from any liability for any claims, demands, injuries, actions or causes of actions to my person or property arising out of or connected with the use of any of the services, equipment, or facilities provided by The Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I further understand the activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for any activity I engage in with The Nia Technique, Inc. or any Nia Trainer or Nia Teacher. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into the agreement of the waiver/release.

Signature ____**Date**_____________________

IMAGE RELEASE
I understand that images may be recorded and agree irrevocably that they may used and distributed directly or indirectly without restriction and without any compensation or attribution by the Nia Teacher, Nia Trainer, Nia Technique Inc., and their respective successors and assigns.

Signature ____ **Date** ____________________