Contact Information & Waiver Release

Nia Fitness at Emerald City Judo

Name____**DOB**_____________________
Address____
Phone (H or C)_________________________________**Occupation**____________________

Email: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

(for class changes, program updates and health information – your email address will not be shared)

<u>Emergency Contact Information</u>

Name______________________________________**Relationship**______________________
Phone (H) __________________ **(W)** ____________________ **(C)** ______________________

1. Have you participated in Nia classes before? ☐ Yes ☐ No
2. How did you hear about the Nia classes?
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 classes at Moving To Heal?
5. How often would you like to be taking classes per week (once, twice, other)?

WAIVER/RELEASE

To the best of my knowledge the information produced herein is accurate. My participation in any Nia, yoga or other barefoot movement class with Moving To Heal, LLC at Emerald City Judo is voluntary and at my own risk. I release Moving To Heal, LLC of any responsibility for any consequences arising from any activity I participate in provided by Moving To Heal, LLC and it's instructors, The Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I hereby release respective owners of Moving To Heal, LLC, Emerald City Judo, 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 Moving To Heal, LLC, Emerald City Judo, and the Nia Technique. 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 Moving To Heal, LLC, The Nia Technique, Inc. or affiliated instructors. 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 Moving To Heal, LLC, Emerald City Judo, the Nia Teacher, Nia Trainer, Nia Technique Inc., and affiliated teachers and their respective successors and assigns.

Signature ____ **Date** ____________________