CHIRO KINETICS YOGA, PILATES, WORKSHOP INTENSIVE GENERAL WAIVER FORM

Please completely fill out the following information.

Title**: Mr. Mrs. Ms.* ***Email Address**:* _____ ***Today's Date _____

Last Name _____ **First** _____**Middle**_____

Name you preferred to be called _____**Birth Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____**Work Phone** _____**Cell Phone** _____

Occupation _____ **Employer** _____

Referred to this office by_____

Make checks payable to: Chiro Kinetics. Class size is limited. Reservations and pre payment are required to hold your place in the series. Series may not be broken. No refunds or class credit will be extended.

KNOW YOU ARE SIGNING AN AGREEMENT OF RELEASE AND WAIVER OF LIABILITY THAT WILL REMAIN IN EFFECT UNTIL YOU PROVIDE WRITTEN REVOKATION

I, _____, hereby agree to the following:

1) That I am participating in the Group Yoga Classes, Group Pilates Classes, Health Programs or Workshops offered by Chiro Kinetics (herein referred to as classes) during which I will receive information and instruction about yoga, pilates and health. I recognize that these classes require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the classes.
3) In consideration of being permitted to participate in the classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4) In further consideration of being permitted to participate in the classes, I knowingly, voluntarily and expressly waive any claim I may have against Chiro Kinetics for injury or damages that I may sustain as a result of participating in the program.
5) I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Chiro Kinetics for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This waiver remains in effect until I or my guardian, in writing, revokes it.

X_____ Dated _____

Signature of participant

<u>If participant is under 18:</u>

As legal guardian of _____, I consent to the above terms and conditions.

X_____ Dated _____

Signature of parent/guardian of participant