

WILD AT HEART

YOGA & DANCE

NAME _____ DATE OF BIRTH _____

MOBILE _____ EMAIL _____

EMERGENCY CONTACT & PHONE _____

WHAT ARE YOUR GOALS? Please tick.

- Increased flexibility
- Increase core strength & stability
- Improve posture & alignment
- Enhance body awareness & mental concentration
- Strengthen & tone muscles
- Increase circulation & relieve tension
- Add to your existing program
- Find peace within your mind
- Try something new

HAVE YOU CHECKED WITH YOUR DOCTOR? YES NO

PLEASE LIST ANY MEDICAL PHYSICAL INJURIES, SURGERIES AND/OR CONDITIONS:

- I UNDERSTAND THAT YOGA, PILATES, DANCE & THE USE OF PROPS, COULD BE A POTENTIALLY HAZARDOUS ACTIVITY.
- I HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR EVEN DEATH.
- I UNDERSTAND THAT WHILE I PARTICIPATE IN PHYSICAL ACTIVITIES THIS MAY EXPOSE ME TO CERTAIN HEALTH RISKS BUT I DO SO AT MY OWN RISK.
- I WILL NOT HOLD ' WILD AT HEART YOGA AND DANCE ' LIABLE FOR ANY INJURY THAT MAY OCCUR.
- I UNDERSTAND MANAGEMENT HAS TAKEN ALL POSSIBLE PRECAUTIONS TO MINIMISE COVID EXPOSURE. I WILL NOT PARTICIPATE IN INDOOR CLASSES IF I AM NOT FULLY VACCINATED.

SIGNATURE _____ DATE ____ / ____ / ____