

Registration Form

YOGA & BARRE



Get strong, toned, and flexible with our 6-week speciality yoga and barre classes. You'll be led through movements by certified instructors, and benefit from skills that match your fitness level and abilities.

(per session series) \$60 for Members / \$85 for Non-Members per 6-week session

2018 Session Options (Check all that apply)

<input type="checkbox"/> January 8 – February 16	<input type="checkbox"/> February 19 – April 6	<input type="checkbox"/> April 16 – May 25
<input type="checkbox"/> June 4 – July 13	<input type="checkbox"/> July 23 – August 31	<input type="checkbox"/> September 10 – October 19
<input type="checkbox"/> October 29 – December 7	<input type="checkbox"/> 1x drop-in (\$15/\$20)	

Session Series (Check all that apply)

BARRE

<input type="checkbox"/> Mondays / 7:15-8:15 p.m. Marie Rainforth	<input type="checkbox"/> Fridays / 5:05-6:05 a.m. Mandi Lockwood	<input type="checkbox"/> Sundays / 11:30-12:30 p.m. Julie Pady
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GENTLE FLOW YOGA

<input type="checkbox"/> Mondays / 9:00-10:00 a.m. Katie Buswell	<input type="checkbox"/> Tuesdays / 6:45-7:45 p.m. Jennifer Austin
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PERSONAL INFORMATION

NAME / D.O.B		
EMAIL		
If you're not a current Performance Health & Fitness member, please fill out the details below.		
ADDRESS		
CITY/STATE/ZIP		
PHONE		
EMERGENCY CONTACT / PHONE		

How did you hear about us? (Check all that apply)

<input type="checkbox"/> Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Instagram	<input type="checkbox"/> Email
<input type="checkbox"/> Coach Referral	<input type="checkbox"/> Member Referral	Referral Name (if applicable): _____		

Release of Promotional Consideration

In additional consideration of being permitted by Performance Health & Fitness to participate in its training programs and to use its facilities, I hereby permit Performance Health & Fitness to use my name, image and likeness for promotional purposes limited to its training programs and facilities. Performance Health & Fitness' promotional mediums include, but are not limited to print, radio, video, television, website, and social media.

INITIAL:

Registration Form

YOGA & BARRE



Medical Waiver and Release of Liability

I, _____, acknowledge that I, individually, have voluntarily applied to participate in the Performance Health & Fitness Yoga and Barre program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to me are greater than the risk assumed.

I am aware that although Performance Health & Fitness, its subsidiaries, and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each participants training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that a participant, when training, through no fault of his own, his/her trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of Performance Health & Fitness' facilities or instruction. I further represent that I carry full and complete medical insurance coverage.

I acknowledge that Performance Health & Fitness has not and will not render any medical services including medical diagnosis of my physical condition.

YES NO *If yes, please explain any limitations on your activities.*

Has a doctor ever said the participant has heart trouble or a heart condition?

Has a doctor ever said the participant's blood pressure was too high?

Does the participant suffer from any problems of the neck, back or knees, i.e. chronic pain, injury or numbness?

Is the participant currently taking any medications? (If yes, please specify.)

Has the participant had previous surgeries or injuries? (If yes, please specify.)

If you answered NO to all questions above, you have provided to Performance Health & Fitness a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise or that a fitness regimen will not cause you medical problems.

If you answered YES to any of the questions above, Performance Health & Fitness may request written permission from the participant's physician before participating in physical and aerobic fitness activities.

In consideration of being permitted by Performance Health & Fitness to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that Performance Health & Fitness, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold Performance Health & Fitness harmless from same.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

GUARDIAN SIGNATURE (if under 18):

PARTICIPANT SIGNATURE:

DATE:

DATE: