

YOGA RELEASE FORM

ABOUT YOU

NAME:		NICKNAME:	
ADDRESS:		CITY:	STATE/ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:	
DATE OF BIRTH: / /	AGE:	MARITAL STATUS:	GENDER:
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE NUMBER:	
HOW DID YOU HEAR ABOUT OUR OFFICE:			

AUTHORIZATION & RELEASE

I am aware that an exercise program like the one that I am enrolling at Optimal Wellness Center of Indiana, LLC, carries with it by nature certain risks and dangers. I understand that by signing below I assume the full risk of any injury from yoga practice or any exercise program. I further state that I am physically fit and that I hereby release and hold Optimal Wellness Center of Indiana, LLC, its officers, directors, agents, subcontractors, instructors, and all other individuals in any way associated with Optimal Wellness Center of Indiana, LLC and/or any of the programs offered at or by Optimal Wellness Center of Indiana, LLC harmless from all claims of any kind whatsoever that I may now or at any time in the future have for damages or injuries arising out of my attendance and/or participation in said program, event, or activity.

If I have now or in the past been treated or diagnosed with, or am currently under medical care and/or supervision for any disorder that could put me at risk of injury or death from the type of program I will be participating in at Optimal Wellness Center of Indiana, LLC, whether, for example, but not by way of limitation, said disorder is high blood pressure, a heart condition, history of cardiovascular disorder, neck, shoulder, back, knee, or other medical issue, I have checked off the box below and have at the same time delivered a written statement from my treating physician or other duly licensed and qualified medical professional stating that I am fit to participate in the proposed class. I hereby agree to immediately inform my instructor at Optimal Wellness Center of Indiana, LLC of any change in my physical condition.

Checking this box indicates an agreement with the terms and conditions of this authorization and release.

SIGNATURE:

PRINT NAME:

DATE:

Optimal Wellness Center

A Creating Wellness Center

4545 Northwestern Drive Suite A | Zionsville, IN 46077 | 317.870.7220

www.WeCreateWellness.com

