

TW Studio Workshop/Class Health + Consent Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

I agree to be notified of class reservation, receipts, promos, & more via the following:

Email Yes or No &/or Text Yes or No

Referred by _____

Emergency Contact Name/Phone # _____

I _____, (Student Name) understand that the group exercise class that I will be participating in is intended to enhance my physical & mental well-being through health & wellness instruction. I am aware of the risks associated & general benefits of fitness/exercise training and the possible injuries &/or contraindications have been explained to me. I understand that any type of fitness/exercise is not a substitute for medical treatment and that it is advised that I see my Primary Care Physician for any condition(s) that I may have. I am aware that the fitness instructor does not diagnose illness or disease, does not prescribe medications, and only advises on injury care, prevention & nutrition. _____ (initials)

Are you currently suffering from any ailment that could be affected by participating?

Yes or No If yes, please explain: _____

Are you currently under a physician care for any health condition or ailment?

Yes or No If yes, please explain: _____

Are you currently pregnant? Yes or No If yes, how many weeks? _____

I have informed the instructor of any known physical medical condition(s) and medication(s) taken. I understand that neither TRINITY WELLNESS nor the Fitness Instructor are held liable for any injuries nor responsible for the aggravation of any condition(s) or symptom(s) that were present but not disclosed at the time or any that may follow in the future. If there are changes to my health I will inform the instructor immediately _____ (initials)

Class Reservation Policy: SPACE IS LIMITED. TO ENSURE YOUR SPOT PLEASE SIGN-UP AT LEAST 1 HOUR PRIOR TO CLASS SO THAT WE CAN PREPARE! IF YOU DO NOT SIGN-UP IN ADVANCE, THERE'S NO GUARANTEE CLASS WILL BE HELD. IF YOU ARE UN-ABLE TO ATTEND PLEASE EARLY CANCEL OR NOTIFY YOUR INSTRUCTOR AHEAD TO AVOID A CLASS VISIT CHARGE. _____ (initials)

Student Signature _____ Date _____