

For Office Use

____gm ____cc ____wl ____Ins.



A Gentle Stretch

by Suzanne Tindol

Student Waiver

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL: _____

DO YOU TEXT? YES _____ NO _____ EMAIL: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

WHAT PROGRAMS ARE YOU SPECIFICALLY INTERESTED IN?

DO YOU HAVE INJURIES, ILLNESSES, AND LIMITATIONS WE SHOULD KNOW ABOUT? NO _____ YES _____

IF YES, WHAT ARE THEY? _____

I have volunteered to participate in a program of progressive physical exercise and waive any possibility of personal damage, which may be blamed upon such program. A Gentle Stretch or Suzanne Tindol shall not be liable for any injury, loss or damage to property of persons. By signing below, I am acknowledging that I do not have any physical conditions or disability, which would limit my participation or preclude exercise. I will take care of myself.

SIGN HERE _____ DATE: _____

How did you find out about "A Gentle Stretch" classes? _____