



*Experience Living Well
~ Move ~ Learn ~ Heal ~ Integrate*

Practice Participation Form

Beloved! I am so glad you made the decision to practice with us today! Before we stretch to new limits, reintroduce ourselves to our TODAY body, shake it loose, and experience the freedom of choosing well I'd like to get some information. You'll only have to fill this out once and we'll keep it on file so you can update it when anything changes. The first part will help us best serve you in an emergency situation, while the second part provides information important for me to know as we experience this practice together. The third part is a legal agreement making sure we are all on the same page with the health and legal risks we agree to while together. If you have ANY questions, ask!

Emergency Information

Name: _____ Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: (____) _____

I give consent in the case of an emergency for my emergency contact to be notified Consenting

Signature: _____ Date: mm/dd/yyyy

Risk Assessment

Heart Disease	YES	NO			
Shortness of Breath or Chest Pain	YES	NO	Inhaler?	YES	NO
High Blood Pressure	YES	NO	Controlled?	YES	NO
High Cholesterol Level	YES	NO	Controlled?	YES	NO
Significant Bone/Joint/Muscle Pain	YES	NO	Location:	_____	
Back Pain	YES	NO			
Cigarette Smoking	YES	NO			
Diabetes	YES	NO	Insulin Dependent?	Y	N

Any other? Please explain:

Would you describe yourself as active? YES NO

Type of Activity or Exercise:

Times per week:

Minutes per session:

Are you currently taking any medication(s)? YES NO Type: _____

Agreements

- In consideration of participating in the **"Practice"** defined as practice offerings of Inspired Release including: Yoga, Zumba, Belly dance, or a fusion practice, I agree and acknowledge that I am fully aware that participation in the practice involve risks and I accept all the risks of participating.

2. I agree and acknowledge that:
 - a. I am in proper physical condition to participate in the Practice, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.
 - b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
 - c. I am aware that if the Practice occurs outdoors, the streets adjoining the area of the Practice are open to regular vehicular traffic during the Practice and I will obey all traffic laws and regulations.
3. I agree to engage in restorative practices facilitated by third party of choice prior to suing Inspired Release or anyone affiliated with Inspired Release for claims, even if the claims arise from the carelessness, negligence or gross negligence of any Inspired Release Party or anyone else.
4. I am aware that it is advisable to consult a physician prior to participating in the Practice. If I have consulted a physician, I have taken the physician's advice and shared advise with Inspired Release.

I also understand that **(please initial)**;

- _____ The scheduling and content of the practice may be changed on occasion.
- _____ I will notify instructors immediately of any pain and/or major discomfort felt during practice.
- _____ If I am pregnant or plan to become pregnant during the course of sessions I will submit documentation from person whose care I am under for health screening prior to participation in the practice.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Participant: _____ Date: *mm/dd/yyyy*

Inspired Release: _____ Date: *mm/dd/yyyy*