



# NIA HEALTH WAIVER/RELEASE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

## EMERGENCY INFORMATION (In case of medical emergency, please contact):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH PROFILE

Weight \_\_\_\_\_ Height \_\_\_\_\_ Resting Pulse Rate \_\_\_\_\_

- 1 Do you smoke? Y / N  
If yes, how much? \_\_\_\_\_
- 2 Are you taking any drugs or medications? Y / N  
Specify: \_\_\_\_\_
- 3 Do you have high blood pressure? Y / N
- 4 Have you ever had a real or suspected heart attack or stroke? Y / N
- 5 Are you under psychological treatment? Y / N
- 6 Do you have frequent faint or dizzy spells? Y / N
- 7 Have you ever experienced a seizure? Y / N
- 8 Do you ever experience blurred vision while exercising? Y / N
- 9 Have you ever experienced shortness of breath, irregular heart beat, or had pressure or pain in your chest as a result of physical activity? Y / N
- 10 Are you diabetic? Y / N
- 11 Do you have a chronic illness? Y / N  
If yes, explain: \_\_\_\_\_
- 12 Do you have a muscle, joint, or back disorder that could be aggravated by physical activity? Y / N  
If yes, explain: \_\_\_\_\_
- 13 Do you have advice from a physician not to exercise? Y / N
- 14 Are you currently pregnant? Y / N

## WAIVER / RELEASE

To the best of my knowledge the information produced herein is accurate. My participation in the Nia class is voluntary and at my own risk. I release Nia Technique, Inc. of any responsibility for any consequences arising from any activity I participate in provided by Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I hereby release respective owners, instructors, and assigns from any liability for any claims, demands, injuries, actions, or causes of actions to my person or property arising out of or connected with the use of any of the services, equipment, or facilities provided by Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I further understand the activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for any activity I engage in with Nia Technique, Inc. or any Nia Trainer or Nia Teacher. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into the within agreement of the waiver/release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CONTACT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

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I, the undersigned, consent to you and your successor in interest, the use of my images (as may appear in any still photograph, picture, film, and/or digital media) for print, broadcast, and or sale purposes in connection with and/or promotion for Nia Technique, Inc. and/or Associates.

By initialing the line below, I permit my image(s) to be used as stated above and grant full rights to Nia and Associates on an irrevocable and unlimited basis without any compensation or payment for any such use and further use thereof.

Initialed: \_\_\_\_\_

I have carefully read and understand the foregoing provisions. By signing below, I hereby certify and acknowledge that I understand all terms of this contract and agree to be legally bound by the terms and conditions set forth in the specific provisions under which I have signed my initials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_