



B WELL HOLISTIC STUDIO CLASS WAIVER FORM H O L I S T I C S T U D I O

**Please note, all of the information on this form is kept confidential.

REGISTRANT DETAILS:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Have you practiced Tai chi/yoga/meditation before? YES/NO (Please circle)

If YES, for how long? _____

Limitations/Injuries: _____

Do you have numbness/pain in (circle all that apply): neck shoulders elbows hands wrists hips
lower back upper back knees feet, other (please note): _____

Waiver

If you attend classes at b well holistic studio, you agree to the following Liability Waiver:

- At any time during the class, if you feel discomfort or strain, you will gently come out of the posture. You may rest at any time during the class. It is important that you listen to your body, and respect its limits on any given day.
- I, the undersigned, understand that Tai chi/yoga/meditation is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program such as Tai chi, yoga and meditation. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every class. I will not perform any postures to the extent of strain or pain.
- I acknowledge the contagious nature of the Coronavirus/COVID-19 and public health authorities recommend practicing physical distancing.
- I further acknowledge that b well holistic studio has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that b well holistic studio cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others including, but not limited to studio staff, and other studio clients and their families.
- I voluntarily seek services provided by b well holistic studio and acknowledge that I must comply with all set procedures to reduce the spread while attending a b well holistic studio class.

I attest that:

- I am not experiencing any **NEW OR UNEXPLAINED** symptoms of illness such as cough, shortness of breath, fever, chills, muscle pains, nausea, headache, sore throat or new loss of taste or smell.
- I have not traveled internationally within the last 14 days
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/COVID-19
- I am not waiting for any Coronavirus/COVID-19 test results.
- I hereby release and agree to hold b well holistic studio harmless from, and waive on behalf of myself, my heirs, and any professional representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may be otherwise arise in any way in connection with any services received from b well holistic studio. I understand that this release discharges b well holistic studio from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from b well holistic studio. The liability waiver and release extends to the studio together with all owners, partners and employees.

Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print)

Signature

Date

Parent/Guardian

Signature

Date