



EVOLVE
MOVEMENT

Group Class Health History / Waiver / Policy
___ Bickett ___ Namaste

Name_____

Emergency Contact Name & Phone #

Address_____

Phone_____

Yoga Experience: Beg. Inter. Adv.

Email_____

Are you enrolling/interested in Kid's Yoga? Y/N
Child's Name & Age_____

Birth Date_____

Are you interested in sports specific training?

Running Triathlete Golf
Equestrian Skating Other_____

Do you have any injuries/medical conditions that physical activity might aggravate?
(blood pressure, diabetes, heart conditions, bone or joint issues...) Yes No

Are you currently taking any medication that might interfere with physical activity?
(muscle relaxants, blood pressure medication...) Yes No

I understand that Yoga/Pilates/Gyrokinesis® includes physical movements as well as an opportunity for relaxation. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture/movement and ask for support from the teacher. I acknowledge that I have listed any medical concerns that might restrict my ability to participate in class and I will notify the instructor if my medical history changes. I understand that movement is not recommended under certain medical conditions nor is it a substitute for medical attention. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against EVOLVE Movement and/or EVOLVE's instructors.

I also understand and agree to EVOLVE's business policy regarding refunds, credits and class card expirations. No refunds, exchanges only as studio credit, and 50% of unused workshop fees. Class cards expire 30/60/90/180 days, respectively, from the date of purchase. Requests to extend the expiration on your card will be honored for medical conditions only. EVOLVE class cards are not valid for session classes, 3rd party programs or workshops. Thank you for your business and enjoy your class!

Signature of client (parent or guardian if client is under 18)

Date