

The Nia Technique Health Profile - Waiver/Release

Name _____

Email _____

Address _____

Phone (H) _____ (W) _____
(C) _____

DOB _____

Occupation _____

How did you hear about Nia?

Would you like to be added to our email list to receive monthly updates re: schedule changes and upcoming events? YES / NO

Emergency Contact Information

Name _____

Relationship _____

Address _____

Phone (H) _____ (W) _____
(C) _____

Health Profile

Weight _____ Height _____

1. Do you smoke? Yes No
If yes, how much? _____

2. Are you currently being treated by a Doctor? Yes No
(Medical, Psychiatric, Acupuncture, Naturopath,
Chiropractic etc.)
If yes, please specify medical issue: _____

3. Are you taking any prescription medications? Yes No
If yes, please specify medication:

4. Have you ever been told that you have heart trouble? Yes No

5. Do you have frequent fainting or dizzy spells? Yes No

6. Have you ever experienced a seizure? Yes No

7. Do you ever experience blurred vision while exercising? Yes No

8. Have you ever experienced shortness of breath, irregular heart beat, or felt heavy pressure or pain in your chest as a result of physical activity such as climbing a flight of stairs, walking, cycling, etc? Yes No

9. Do you have high blood pressure? Yes No

10. Do you have advice from a physician not to exercise? Yes No

11. Are you pregnant? Yes No

12. Do you have a muscle, joint or back disorder that could be aggravated by physical activity? Yes No

If yes, please explain: _____

WAIVER/RELEASE

To the best of my knowledge the information produced herein is accurate. My participation in any Nia class at Dance Underground, 340 15th Ave E., Seattle, WA is voluntary and at my own risk. I release The Nia Technique, Inc. of any responsibility for any consequences arising from any activity I participate in provided by The Nia Technique, Inc. or any Nia Trainers or Nia Teachers. I hereby release respective owners of Dance Underground, 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 The 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 The 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 agreement of the waiver/release.

Signature _____
Date _____