

Contact Information & Waiver Release for *NiaDivas* Classes and Workshops

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 our email newsletter that discusses workshops, education and special offers?

Circle: YES / NO

Emergency Contact Information: This must be filled out to participate in class or event.

Name _____ Relationship _____

Address _____

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

WAIVER/RELEASE

To the best of my knowledge the information produced herein is accurate. My participation in any Nia class at Youngstown Cultural Arts Center, 4408 Delridge Way SW, 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 Youngstown Cultural Arts Center, 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 _____