



Informed Consent and Release and Waiver of Liability

Attendant Risk and Discomforts:

There are inherent risks associated with fitness training, strength training and many other forms of physical activity which may include, but are not limited to, acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, or delayed onset muscle soreness (DOMS). Fitness training should be modified or discontinued if any pose or activity causes pain or discomfort.

Responsibilities of the Participant:

To promote the safety and benefit of your participation in a fitness program, it is important that you disclose any relevant health history that may affect your ability to participate fully and safely in class.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? If so, how far along? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illnesses, injuries or surgeries in the past that might affect your stamina, strength or range of motion? Explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under a physician's care or taking medications? Explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dizziness or headaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have high blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have vision problems? |
| | | *If you answered yes to any of the above questions, doctor's approval needs to be obtained prior to beginning Tree of Life's classes. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you participate in other forms of exercise? Please list _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have yoga/pilates/kickboxing experience? If so, would you consider yourself a beginner, intermediate or an advanced level? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have intended goals for your practice? List _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like to receive Tree of Life's newsletters/updates via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in learning more about aromatherapy and its benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in special workshops to further your practice? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in purchasing whole body wellness products and/or services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have access to a computer? If so, please allow us to have your email for correspondences regarding Tree of Life only. Please print. |

How did you hear about Tree of Life? _____

(over)

Please Read AND Initial the Following Statements

_____ I agree that I, or my child, will work at my (our) own pace, not engage in any activity that feels inappropriate, and accept full responsibility for myself and/or guests that accompany me, once located at Tree of Life, 420 N Howe Street, Southport, NC 28461, to include any off site locations, sponsored events, private sessions or Workplace Yoga.

_____ I also give my permission to allow photos/video of me or my child to be taken during class sessions to be used solely for the purpose of Tree of Life marketing purposes as they see fit. I understand my personal information will never be sold, shared or used for any purposes.

_____ Furthermore, I, for myself and my heirs, attest to fully release and discharge Micki Freeze, Tree of Life, it's respective directors, employees and instructors from all liability, claims and demands or actions that I may make resulting from injury, death or damages arising from my participation in Tree of Life classes. This includes losses caused by negligence of the released parties.

Inquiries

An important part of the informed consent process is providing you the opportunity to inquire about any aspect of Tree of Life's classes. Questions during class are welcomed as long as they do not interfere with the mind/body experience of other class participants. Please list any questions you may have regarding Tree of Life's services. We will be happy to schedule a one on one consultation to find out how we can best meet your needs.

Name of Participant (please print) _____

Date of Birth _____

Name of Parent/Legal Guardian (if under 18 years) _____

Full Address _____

Phone () _____

Emergency contact & phone _____

By signing this Informed Consent and Release and Waiver of Liability, I acknowledge I am at least 18 years of age and that I have read this form and understand it, in its entirety or it has been read to me. I understand my or my dependent's responsibilities during Tree of Life's fitness classes. I accept the risks, rules, and regulations set forth. Knowing the inherent risks associated with my participation in classes, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate, or give my consent for my dependent to participate in any or all classes with Tree of Life Studio.

Signature _____ Date _____