The Studio New Student Intake

Name: _____

Email: _____

Phone: _____

Address: _____

Emergency name: _____

Emergency phone: _____

How did you hear about us? _____

Would you like to receive email updates about upcoming events
at The Studio and A Step To Health? □Yes   □No

Student Waiver Agreement

I agree that I understand the risks involved and I warrant that I have no medical conditions that would prevent me from safely participating in classes, workshops, and other movement instruction. I confirm that I have spoken with my healthcare provider prior to participating in classes offered at The Studio and it is safe for me to do so. I release A Step To Health, The Studio, and their staff and students from any claim or cause of action that may occur as a result of any medical problem now or in the future. I assume full responsibility for any injuries or damages, including loss of property, which I might incur as a result of participating in classes, workshops, and other movement instruction at The Studio.

The governmental authorities in this locality may have determined to permit athletic practices and competitions to resume, notwithstanding the continuing hazards posed by the COVID-19 virus. The Studio at A Step To Health does not possess the medical expertise to determine whether it is safe to resume activities in your locality or to assess the degree of risk that you may be undertaking, should you decide to do so. The Studio at A Step To Health urges you to consult publicly available information, such as that provided by the Centers for Disease Control and/or your local governmental agencies, so that you can make your own independent judgment as to the degree of risk that you will be undertaking, should you decide to engage in fitness activities. The undersigned acknowledges, appreciates, and agrees that there is a risk of contracting the COVID-19 virus as a result of my participation in fitness activities, that the disease caused by the COVID-19 virus is serious and could result in my death, and that such risk cannot be eliminated.

In signing, you agree that you have reviewed and agree to our safety policies.

_____   _____
                     Signature   Date