



RELEASE FORM

Name _____ Birthday _____

Email Address _____ Phone (work) _____ (home) _____

Address _____

City _____ State _____ Zip _____

The more personal information we have, the more we can prepare a class tailored to your special needs. Please indicate if you have any of the following conditions:

___ high or low blood pressure

___ joints that dislocate

___ heart condition

___ recent injuries (explain below)

___ back pain

___ other (explain below)

explanations: _____

What results would you like to achieve through your participation in this class? _____

In consideration of the acceptance of my entry into this class, I indemnify, waive, release, and hold Naomi Judith, her landlord, agents, employees, representatives, heirs, successors, and assignees from any and all claims or damages arising from or out of my participation in this class.

I hereby agree to assume full responsibility for participation in this class and the results therefrom. I have read the foregoing and do intend to be legally bound.

Signature

Date