



AGAPE HEALING ARTS
Health & Wellness Center

REGISTRATION & LIABILITY WAIVER
(Please Print Clearly)

Today's Date: _____ **Date of Birth:** _____

Class / Teacher: _____

First & Last Name: _____

Moble Phone: _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Physical Health (circle one): Excellent/ Good / Fair / Poor

List any health concerns or conditions:

Primary intention for your practice (circle and/or describe): Meditation / Yoga / Tai Chi / Breathwork/Other
Intention:

PARTICIPATION AGREEMENT & LIABILITY WAIVER

By signing below, I acknowledge that I am voluntarily participating in classes, treatments, and wellness services offered at Agape Healing Arts, including movement, breathwork, meditation, acupuncture, and other healing arts. I understand that participation is at my own risk. I accept full responsibility for my health and well-being during and after participation. I acknowledge that: I have been encouraged to consult with a physician or healthcare provider prior to participating if I have any medical concerns. I will inform my practitioner or instructor of any injuries, conditions, or limitations. I will listen to my body and modify or stop participation as needed. I agree to release and hold harmless Agape Healing Arts, its teachers, practitioners, staff, and affiliates from any liability for injury, loss, or damages that may arise from my participation, except in cases of gross negligence.

SIGNATURE: I have read and understand the above agreement and consent to participate.

Print Name: _____ **Signature:** _____

Date: _____ **Parent/Guardian (if under 18):** _____

“LOVE WINS”