

Alchemy Movement Indemnity Form

SECTION I: PERSONAL INFORMATION

Please note all information is kept private and will never be shared.

(* denotes required fields)

*Name: _____

* Date of Birth: _____ *ID no: _____

*Address: _____

* Occupation: _____ (it helps me to know your body if I know what you spend your day doing)

*City: _____ *Province: _____ *Postal Code: _____

*Phone number: _____ (Cell preferred)

*E-mail: _____

*Emergency Contact Name: _____

*Emergency Contact Phone: _____

How did you hear about Alchemy Movement?: _____

*SECTION II: RISK ASSESSMENT

*Heart Disease	YES NO
*Shortness of Breath or Chest Pain	YES NO
*Inhaler?	YES NO (if "yes", please bring it to every class)
*High Blood Pressure	YES NO Levels: _____
*High Cholesterol Level	YES NO
*Significant Bone/Joint/Muscle Pain	YES NO Location: _____
*Back Pain	YES NO Location: _____
*Cigarette Smoking	YES NO
*Diabetes	YES NO
*Insulin Dependent	YES NO
*Are you Pregnant	YES NO How many weeks? _____

*Have you had any surgical procedures in the last 5 years?

YES NO

Procedure? _____

*Any other? Please explain: _____

*Are you active? YES NO Activity or Exercise: _____

*Are you currently taking any medication(s)? YES NO Type: _____

What do you hope to achieve by doing Pilates / Yoga: _____

***SECTION III: AGREEMENT**

1. In consideration of participating in classes at Alchemy Movement, I agree and acknowledge that I am fully aware that participation in the classes involves risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.

2. "**Claims**" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the classes. "**Released Party**" means **Alchemy Movement** or any of its affiliates, employees or volunteer staff.

3. I agree and acknowledge that:

a. I am in proper physical condition to participate in the classes, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.

b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.

4. I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

5. No warranties or representations have been made to me about the classes which are not stated on this form. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity.

6. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

7. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

*** I also understand that (please initial);**

* _____ Classes are booked for the month in advance and all payments are non-refundable, including, but not limited to vacation, illness or injury. Provision will be made for classes canceled with a 24 hour notice and all classes cancelled by Alchemy Movement will be credited in full.

* _____ The scheduling and content of classes will change on occasion.

* _____ I will notify instructors immediately of any pain and/or major discomfort felt during any class.

* _____ If I am pregnant or plan to become pregnant during the course of attending classes, I will inform my instructor.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

* _____

Signature

* _____

Date