



REGISTRATION FORM

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

What is your primary motivation for taking this class/workshop?

How did you hear about Creative Wellness?

Do you have BCBS? _____ Do you have Independent Health? _____

Are you affected by any of the following? (Please Circle Below)

Heart problems of any type	Diabetes	Back injury (or surgery)
High blood pressure	Headaches	Neck injury (or surgery)
Low blood pressure	Seizures	Knee injury (or surgery)
Asthma	Arthritis (bone or joint problems)	Hip injury (or surgery)
Glaucoma	Chronic pain	Recent Surgery of any kind
Detached retina	Carpal Tunnel Syndrome	Pregnant
Cancer		

Any other health concerns that we should be aware of
If YES, please describe _____

Your well-being is your responsibility. Please make **Creative Wellness** aware of any medical conditions or physical concerns you may have in general and on the day of your class. If you have a new instructor please inform them of this as well, the instructor will offer guidance and accommodations based on this knowledge. It is your responsibility to keep yourself safe and injury free. Use your own wisdom and knowledge of your body to make adjustments during your practice. This is YOUR practice and is intended to benefit you and address your particular needs. You always have a choice. You decide what's right for you.

Signature: _____ Date: _____

Photo Release Agreement

I herby authorize Creative Wellness Group to publish photos taken of me (full printed name) _____ on this date _____, as well as my name and likeness, for use in Creative Wellness Group's print, online and web-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Creative Wellness Group from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I herby release Creative Wellness Group, its contractors, its employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____