R&W

Recreation & Welfare Association

Yoga Registration

Date_____/_____/_____

Name:_________________________ Office Building:____________ Room:________ MSC:________

Home Address: (city, state, zip code)____

Office Phone #:___________________________ Home Phone#:_______________________

E-mail Address___________________________

Please check the appropriate category for the following items:

1) NIH Employee__________ or Non-NIH___________

2) Fitness Center Member__________ or Non Fitness Center Member__________

If you are a current fitness center member, please list your membership number and expiration date.
Member #__________ Expiration_________

3) Class Level Beginner__________ Intermediate__________ Advanced__________

*List **any** current or previous medical issues or injuries (i.e. back, knees, asthma, high blood pressure, diabetes etc.*):

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*List **any** previous Yoga experience you have had in the past*:

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What would you like to accomplish during your participation in the Yoga sessions offered by the NIH Fitness Center.

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Release of Liability

I, the undersigned, wish to participate in the activities and programs of the NIH Fitness Center. I certify that I am physically able to participate in any activity I take part in and will use good judgment while exercising. I recognize that I am responsible for knowing my own state of health, and I will advise the facility staff of any health problems related to exercise. I also understand I may be denied participation in activities for health reasons at the discretion of the staff.

I, the undersigned, so accept any and all responsibility and assume all risk of any injury or damage to my person that may arise, whether directly or indirectly as a result of my participation in the programs of the NIH Fitness Centers. I hereby release and discharge R&W and its respective officers and employees from all claims, damages, and liability whatsoever that may result from my injury or death, accidental or otherwise, during or arising from my utilization of the activities of the NIH Fitness Centers. I also agree that in the event of an injury while using the facilities, the Federal Employee's Compensation Act will be my sole provider of compensation. (Federal government employees only).

I agree to abide by the rules and regulations of the NIH Fitness Centers with the understanding that violation of such rules may result in withdrawal of my privileges to use the facility or in the programs offered.

I, __________________________, certify that I have read and that I understand the contents of this waiver.

_______________________________________ ________________

Applicant Signature Date