



AGAPE HEALING ARTS
Health & Wellness Center

Registration & Liability Waiver
(Please Print Clearly)

Today's Date: _____ Date of Birth: _____

What class/teacher brought you to Agape? _____

First Name: _____ Last Name: _____

E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

My physical health is: (circle one) excellent / good / fair / poor

List any health issues: _____

My primary intentions for practicing (circle which applies): Meditation / Yoga /

Tai chi / Transformational Breath are: _____

Please read the following agreement carefully and sign prior to participating in any classes.

By signing below I agree that I am participating in classes, treatments, healing arts or dietary & herbal treatments at Agape Healing Arts at my own risk and I fully accept responsibility should any injury occur to me. By signing below, I further agree, along with my successors and assigns, to hold Agape Healing Arts and its teachers, practitioners, hosts, directors and officers harmless in any way should any problem arise from my participation in classes, healing arts services or other activities at Agape Healing Arts, including, but not limited to, personal injury. As with any physical activity, I have been encouraged to seek the approval of my physician or medical advisor prior to participating in classes at Agape Healing Arts

Print Name: _____ Signature: _____

Signature of parent if under 18: _____

"LOVE WINS"