



ILLUMIN8

Illumin8 Wellness | Mind • Body • Soul
7661 Crile Road Unit 2 Concord, OH 44077

The information on this form is kept confidential.

Registrant Information

Name: _____

Address: _____ **City:** _____

Email: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Instructor's Name: _____

Have you practiced yoga, meditation, or any other form of energy work before? YES NO

If YES, indicate which activities, and if applicable, how long have you practiced? _____

Limitations or Injuries: _____

Waiver and Liability Statement

I, the undersigned, understand that all of the practitioners, instructors and staff at Illumin8 do not diagnose conditions, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that some classes or services are not recommended under certain medical conditions and I agree that I should consult a physician for any physical or psychological ailment that I may have, and prior to beginning any activity program. I understand that the offerings at Illumin8 may involve information, instruction, natural "hands-on/off" healing modalities, and incense or oil application/diffusion for the purpose of self-care, self-help, stress reduction and relaxation. I understand that any of the offerings at Illumin8 are not a substitute for medical attention, examination, diagnosis, or treatment.

I recognize that it is my responsibility to notify Illumin8 of pregnancy, any serious illness or injury before every class or service provided. If taking a yoga class, I will not perform any postures to the extent of strain or pain. If at any time during the class, I am experiencing discomfort or strain, I will gently come out of the posture or inform the instructor. I understand I may rest at any time during class. I understand it is important to listen to my body, and respect its limits on any given day. I understand participating in one-on-one services or group activities may present an increased risk of transmitting or contracting COVID-19 or other illnesses. I will not attend any classes or services if I am contagious or experiencing symptoms of illness.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from participating in a class or service(s). Those under 18 years of age must have this form signed by a parent or guardian.

Registrant Signature

Name: _____ **Date:** _____

Signature: _____

Parent/Guardian Signature for Minor Children (Under 18 Years of Age)

Name: _____ **Date:** _____

Signature: _____