

SOULCORE

New Participant Form

Print Name _____ Phone _____ Cell _____ Home _____

Address _____ City, State, Zip _____

DOB _____ Email Address _____

Agreement of Release and Waiver of Liability

I _____ (print name) voluntarily agree to participate in SOULCORE classes. I recognize that this work involves physical activity and movement, which may carry some natural risks. I am responsible for my own experience and my own safety. I also understand that I am responsible for continuing to monitor my physical limits. I represent and warrant that I have no medical conditions that would endanger me in any way or prevent my participation in the classes.

I, my heirs, and legal representative forever release, waive, discharge and covenant not to sue SoulCore, LLC, landlord, agents or any associates for any claim I may have for injury, or damages that I may sustain as a result of my participation SoulCore classes.

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ Date _____

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____

Emergency Contact Information

Name _____

Phone _____ Relationship _____

