

**COPPER TREE WELLNESS STUDIO**  
**PERSONAL INFORMATION FORM**  
**& MEDICAL CONSENT WAIVER:**

**\*CONFIDENTIALITY OF THE FOLLOWING INFORMATION IS MAINTAINED EXCLUSIVELY BY COPPER TREE. THIS INFORMATION IS NECESSARY FOR THE SAFETY OF EACH PARTICIPANT. PLEASE FILL OUT EVERYTHING ACCURATELY AND HONESTLY:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
HOME PH \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
DOB \_\_\_\_\_ E-MAIL \_\_\_\_\_  
OCCUPATION/EMPLOYER (OPT) \_\_\_\_\_  
EMERGENCY CONTACT (NAME, PHONE & RELATIONSHIP TO YOU) \_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE ANY MEDICAL CONDITIONS, INJURIES (RECENT OR CHRONIC), AND PREVIOUS SURGERIES? PREGANT? EVEN IF YOU THINK THEY MAY NOT BE RELATED TO PARTICIPATION IN SUCH CLASSE. (N/A IF YOU HAVE NO MEDICAL NEEDS)**

**PLEASE CIRCLE THE FOLLOWING IF THEY PERTAIN TO YOUR HEALTH**

**HISTORY: (SPECIFY BELOW ANY CIRCLED ISSUES OR UNLISTED CONCERNS)**

BLOOD PRESSURE ISSUES    CARDIAC PROBLEMS    ASTHMA    DIABETES  
MIGRAINE    BACK/NECK INJURY OR PAIN    SURGERY    ARTHRITIS  
HOSPITALIZATION    BONE OR JOINT INJURY    MUSCLE/TENDON/LIGAMENT  
SCIATICA    HEARING/VISION DIFFICULTIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU TAKING ANY MEDICATIONS THAT MAY AFFECT YOUR PHYSICAL OR MENTAL PERFORMANCE?**

\_\_\_\_\_

WHAT CLASSES ARE YOU PLANNING ON PARTICIPATING IN AT COPPER TREE?  
TAI CHI    MARTIAL ARTS    PRE-NATAL    MEDITATION  
KIDS/YOUTH CLASSES    YOGA    PILATES    SENIOR PROGRAMS  
NIA    OTHER \_\_\_\_\_

TO BETTER SERVE YOU WHAT REASONS HAVE YOU DECIDED TO PARTICIPATE IN WELLNESS CLASSES HERE AT COPPER TREE?

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\*REASON FOR DISCOUNT (ONE DISCOUNT PER PERSON):

PLEASE CHECK ONLY ONE~

SENIOR 60+

MEMBERS OF THE SAME IMMEDIATE FAMILY, I.E. HOUSEHOLD

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YOUTH (I AM UNDER THE AGE OF 18 AND ENROLLED IN SCHOOL)

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

BY SIGNING THIS FORM I AGREE TO THE FOLLOWING: I AM PARTICIPATING IN PRIVATE OR GROUP CLASSES THROUGH COPPER TREE WELLNESS STUDIO, WHICH CONTAIN INFORMATION AND/OR INSTRUCTION (VERBAL & PHYSICAL) AND PHYSICAL CONTACT. I REALIZE THAT PARTICIPATION IN SUCH SERVICES/CLASSES REQUIRES ME TO BE PHYSICALLY AND MENTALLY FIT AND MAY CAUSE INJURY, AND I AM FULLY AWARE OF THE RISKS INVOLVED WITH PARTICIPATION. I AM RESPONSIBLE FOR TAKING SUCH CLASSES AT MY OWN PACE, WITH IN MY ON LIMITATIONS. I HAVE RECEIVED MEDICAL CLERANCE FROM MY PHYSICIAN TO PARTICIPATE. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS, INJURIES, OR DAMAGES, KNOWN AND UNKNOWN, WHICH I MAY INCUR AS A RESULT OF SUCH CLASSES. I KNOWINGLY, VOLUNTAIRLY, AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST COPPER TREE WELLNESS STUDIO AND ITS INSTRUCTORS FOR INJURY OR DAMAGES THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATING IN SUCH SERVICES/CLASSES.

I HAVE READ, UNDERSTOOD, AND PROVIDED ACCURATE INFORMATION AND AGREE TO THE ABOVE ITEMS.

DATE \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US (CIRCLE)? FRIEND (WHO) \_\_\_\_\_

SIGN/WALK BY    AD    WEBSITE