



Zena Wellness

Lee Mozena, Owner
206.368.9608
zenawellness.com
facebook.com/zenawellness.com

P L E A S E P R I N T C L E A R L Y

1. Registration

Name _____

Phone numbers: (Please circle the best way to reach you)

Cell ____/____ Home ____/____ Work____/____

Email _____

Address _____

City/State _____

Age, (if under age 18): _____ Parent co-sign on Forms: _____

Translation assistance needed: ____ No ____ Yes Language: _____

All forms must be completed before class. Your information is kept strictly confidential. Girls under age 18 must have signed parental consent. Please note: class begins and ends on time.

Emergency Contact Information-

Name _____ Relationship to you _____

Address _____

City/State _____

Phone numbers: (Please circle the best way to reach your Emergency Contact)

Cell ____/____ Home ____/____ Work____/____

Please add me to your email list for occasional notices about NIA classes, events at Zena Studio and bi-monthly newsletters: _____. Your information will never be shared.



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2. Medical History Form

If you answer “**Yes**” to any of the following questions please explain on an additional page. All information is confidential and is for my use only.

YES NO

- ___ ___ 1. Do you have back pain or a previous back injury? If yes, please describe.
- ___ ___ 2. Do you have other muscle, bone or joint sprains, strains or problems?
- ___ ___ 3. Have you recently had a head or neck injury? If yes, please describe.
- ___ ___ 4. Do you have chronic or migraine headaches?
- ___ ___ 5. Are you overweight or underweight by 20 pounds?
- ___ ___ 6. Do you have breathlessness after mild exertion?
- ___ ___ 7. Are you pregnant now or have you been within the last 3 months?
- ___ ___ 8. Do you take medications of any kind of a regular basis?
- ___ ___ 9. Do you have high blood pressure?
- ___ ___ 10. Do you have a history of heart trouble or abnormality?
- ___ ___ 11. Have you recently had surgery or been hospitalized?
- ___ ___ 12. Do you have bouts of irregular or uneven heart action?
- ___ ___ 13. Do you have fainting spells, light-headedness or dizziness?
- ___ ___ 14. Do you have knee pain or previous knee surgery? ___ right ___left
- ___ ___ 15. Do you have neck, chest, shoulder and/or arms pain or pressure?
- ___ ___ 16. Have you been advised by a physician not to exercise?
- ___ ___ 17. Are you currently seeing a physical therapist or physician for an injury?
- ___ ___ 18. May I touch you lightly to correct posture or stretches?
- ___ ___ 19. Do you get treatment or take classes in any other body work modality?
(example: yoga, acupuncture, massage, martial arts, etc.)
- ___ ___ 20. Do you have any physical, mental, or emotional issues I should be aware of?



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3. Statement of Informed Consent , Release of Claims & Insurance Affidavit

I, the undersigned, am applying for dance, fitness or yoga instruction through Zena Wellness, and declare that I understand that any of these are exercise forms that may be strenuous. I hereby represent that I have adequate insurance protection covering any injuries that may occur to me during classes with Zena Wellness. I understand that it is not the purpose of the class to teach safety rules, nor is it the function of the instructors to serve as guardians of my safety. I do hereby release and forever discharge for myself and my heirs, executors, administrators and assigns, Lee Mozena, Zena Wellness, Zenith Communication and all instructors and agents, partners, trustees and employees of Zena Wellness.

I hereby personally assume all risks in connection with said instruction, whether foreseen or unforeseen. I further state that I am of lawful age and legally competent to sign this affirmation and release, and state that I understand the terms herein are contractual and not a mere recital, and that I have signed this document as my own free act. I hereby specifically assume the risk of any aggravation to any existing injuries and assume the risk of injury in whole or part due to my existing medical conditions.

I have fully informed myself of the contents of this Affirmation and Release by reading it before I signed it.

I have ___ have not ___ had a medical examination to assure myself.

I assume my own responsibility of physical fitness and capability to perform under the instruction of Lee Mozena, owner of Zena Wellness, for dance, fitness or yoga instruction, whether or not I have had a medical examination.

Date _____

I am age 18 or older _____

Signature of Applicant

Printed name of Applicant

Signature of Witness or Parent

Printed name of Witness or Parent