**Full Name**

**Email Address**

**Address**

**City State, Zip code**

**Phone Cell**  **Home**

**Emergency Contact Name and Phone**

**Phone number of nearest Fire Dept. to your home**

**List of small fitness equipment I have at home:**

**Exercises I have difficulty with:**

By signing this form, I am agreeing to be responsible for contacting any relevant health professionals concerning my health conditions that may affect exercise, to follow their guidance and to disclose any situations to All Is Well.

I am responsible for my surroundings to do movements and have ample space. I will not hold All Is Well responsible for anything that gets damaged in my home or exercise spot as a result of our workouts.

Signature Date

**All Is Well Posture and Fitness, Inc. Participant Information Form**