



10560 Main Street #PH1
 Fairfax, VA 22030
 meetingyourkneads@gmail.com
www.yourkneads.com
 703-868-2045

Wellness Program Registration Form

Disclaimer and Signature

As a member of the *Meeting Your Kneads* Wellness Program, I agree to follow all rules and be respectful of everyone participating. I understand that all activities for this program are at my own risk. I will not hold *Meeting Your Kneads*, its members, its affiliates, its Wellness Partners, or any of its vendors liable for any injury, loss or damages incurred while participating in any of the Wellness Program events.

I understand that the Wellness Program is a way to come together to support each other in a Whole Body Wellness approach. I will maintain a "come as you are" attitude while working together so each of us can meet our own personal goals.

Signature: _____ Date: _____

Contact Information

Name: _____ Phone Number: _____

Home Address: _____

E-Mail Address: _____ Shirt Size: _____

Emergency Contact Name: _____ Phone Number: _____

Would you like to host any event?	YES NO <i>(Please circle)</i>
If yes, what type of event?	
Would you like to lead any classes or workshops:	YES NO <i>(Please circle)</i> Explain:
Description of any special skills you would like to bring to the program:	