

Love how you feel with Nia

GaiaDance Embodiment that Heals

NIA WORKSHOP with Angelica Rose

NOVEMBER 13TH, 10AM-2PM

Jackson Wellsprings Community Room

Please bring a light lunch and snack, any refreshments you need. There will be spring water available. If you have any special needs for padding like a yoga mat, pillows please bring whatever you need to feel comfy.



Angelica Rose 503-869-6812 solbodyworks@gmail.com solbodyworks.com

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Emergency Contact _____

How did you hear about Nia? _____ Put me on your emailing list? Yes No

Do you have any medical problems I should be informed about? Yes No Please explain, Tell me about your body, experience, areas of interest in movement, or any info you would like to share with me:

Please be aware of your body. Let us know what medical problems you may have, including but not limited to; heart trouble, Diabetes, Hypoglycemia, Asthma, lower back pain, high or low blood pressures. If you have had recent surgery, or are pregnant, you should not participate without a written consent from your doctor.

I the UNDERSIGNED, acknowledge that I should inform each instructor of any physical limitations, problems or conditions that would adversely affect my ability to participate in any strenuous exercise without further injury. I will abide by my instructors decision regarding my participation. I further agree to inform the instructor of any injury or unusual pain suffered by me during the following class. I understand that in any program of strenuous exercise, there is some risk of injury, despite the best efforts of the professional instructors and employees and I am willing to assume all risks.

Therefore I hereby release (for myself, my heirs, my executors and administrators NiaTechnique Inc., Angela de Roos, their employees and contractors, from all claims, liabilities, expenses or judgments arising out of my participation in Nia classes or workshops.

I have carefully read and understand the foregoing provisions. By signing below, I hereby certify and acknowledge that I understand all the terms of this contract and agree to be legally bound by the terms and conditions set forth in the specific provisions under which I have signed my initials.

I am also completely aware of the covid restrictions and I promise to remain home if I am experiencing any symptoms that are related to covid. I release my Nia teacher, all persons or the facility in which we practice in, from any liability related to being sick.

Signature: _____ Date: _____ Thank You!