Yoga for the Professional Student September 5 - December 12, 2017

Tuesdays at 3:00 pm / 1st & 3rd Monday of each month at 5:00 pm in the Wellness Studio

Please indicate enrollment:

☐ School of Dentistry
☐ School of Medicine
☐ School of Nursing
☐ School of Pharmacy
☐ School of Public Health

Expected Graduation Date:
_____

Date: _____

Name: _____
Please Print

Gender: ☐Male ☐Female

DOB: ____/____/____ Last 4 SSN: _____

Phone: _____

Email: _____ (Notification for cancellations, Wellness Wire, etc.)

WAIVER: I recognize that The Wellness Center on the Health Sciences Campus is a voluntary program available to me as an employee. I understand that these are voluntary programs which may involve strenuous physical activity. I further recognize that any injuries that I may sustain are not the responsibility of The Wellness Center, WVU Medicine, University Health Associates, WVU at the Health Sciences Campus (WVU@HSC) or WVU Downtown or Evansdale Campus or WVU if I am a student. The Wellness Center is not part of any of my job/class responsibilities & I understand that any injury I may experience is not a job or school related injury and I assume the risk for any injury while participating in this program.

Please sign: _____

WVUMedicine
THE WELLNESS CENTER

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Locate us on the web:
www.wellness.wvumedicine.org/thewellnesscenter