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ACTIVITY DETAIL FORM

Name of Activity/Class: ________________________________

Date(s) of Activity/Class: _____________ Quarter: ___________________ School Year: ____________________

Location of Activity/Class: WALLA WALLA UNIVERSITY CAMPUS AND OTHER LOCATIONS

Description of Activity/Class:

This class is great for beginners as well as fitness buffs wanting to go back to the basics. Show up prepared to move. We will stretch and strengthen the body through a series of postures in which you support your own weight and focus on conscious breathing. We will move slow and there are many modifications/variations so everybody can find a home. The well-rounded sequences temper heat and strength with flexibility and stillness, addressing the body and mind in equal measure.

By participating in the above activity/class you may be exposed to several inherent risks, including but not limited to those listed below:

- Asphyxiation
- Breathing difficulties
- Broken bones
- Cardiac arrest
- Choking
- Death
- Dehydration
- Eye injuries
- Fainting, dizziness, or lightheadedness
- Head, neck, or back injuries
- Increased heart rate
- Injuries from other participants, objects, equipment, or vehicles
- Internal injuries
- Joint dislocations, sprains, stiffness, or soreness
- Muscle strains, stiffness, soreness, or cramps
- Pain or discomfort
- Puncture wounds
- Skin cuts, abrasions, or contusions
- Heat exhaustion
- Hypothermia
- Injuries from animal, insect, or plant exposure
- Injuries from weather exposure
- Sunburn

We request that you conduct your participation with the safety of yourself and others in mind.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BOTH SIDES BEFORE SIGNING.

Name of Participant (printed)     Signature

Date              Age   Signature of Guardian if 17 years old or younger