

WesWell Nia Technique Class Enrollment Confirmation for Wesleyan Students

The completion of this form confirms your enrollment in a non-credit class being offered by WesWELL. It also serves as an agreement for any student account charges, if applicable, and as a personal injury waiver. Any questions should be directed to WesWell at x2466 or weswell@wesleyan.edu.

Registrant Information

PLEASE PRINT CLEARLY

Name _____ Wes ID # _____

Email Address _____ Wes Box # _____

Phone/Cell # _____

Class Information

Your class fee provides you with unlimited access to Nia classes taught by Julie Deak through the last day of the current academic semester. Classes currently meet on Saturdays and Sundays at 10:30am and Wednesdays at 5:30pm.

Class Fee Information

The full class fee of \$100.00 is applicable unless the instructor has agreed to accept a reduced fee due to financial need. If a reduced fee is negotiated with the instructor, indicate the agreed upon amount below and have the instructor initial the form.

I will pay for this class by (check one): _____ Student Account Charge _____ Cash/Check

Complete only if a reduced fee has been negotiated: Amount of Reduced Fee \$ _____ Instructor Initials _____

Personal Injury Waiver/Certification

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in any classes taken through WesWELL. I fully understand that I may injure myself and I hereby release the above named instructor and Wesleyan University from any liability due to any injury acquired in this class or in my own personal practice now or in the future.

I have also read the attached **Class Information Handout** and understand the class registration/withdrawal policies. I also take responsibility for timely payment, as described in the handout, if payment is made by cash or check. If my student account is being charged, my parent and/or guardian has knowledge of and authorizes this charge to the student account.

Signature _____ Date _____