



**SNY Barre Fitness & Healing Arts Center**



**Private Training Practices:**

**Milescu Medical Yoga, Pilates, Reiki, Fitness & Wellness Holistic Coaching**

**“Boutique Fitness & Wellness of Body Mind and Soul”**

**Est. 2010**

**Client Intake and Release of Liability Form for Group Yoga Pilates, Barre, and Dance Fitness**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ (by providing your email address, it is simply for sending schedule change reminders and receipts of purchases).

**Birthday:** \_\_\_\_\_ (free class)

**How did you hear about SNY Barre Fitness & Healing Arts Center, as well as and Milescu Medical Yoga Pilates, Reiki, Fitness & Wellness Coaching?**

\_\_\_\_\_

**Are you pregnant? \_\_\_\_\_ If so, expected due date: \_\_\_\_\_, and are you cleared by your physician to participate in exercise? If cleared to participate, any contraindications?**

**Do you have any injuries or physical conditions which limit your ability, or extra need for precautions, for instance; modifying any sustained form of exercises we practice at SNY? \_\_\_\_\_**

**If so, do you have to have your doctor’s permission to engage in ALL our forms of exercise? Please explain: \_\_\_\_\_**

**Do you have any prior experience with Yoga, Ballet Barre Fitness, Pilates, Core Fitness, and Belly Dance fitness and/or, are you participating in other forms of physical fitness/exercise? (Circle which fitness modalities you have practiced and elaborate on what other exercises you practice)**

\_\_\_\_\_

**What do you hope to achieve through your work with Group Yoga/Barre/Dance Fitness?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (initial)

**I understand, that it is my responsibility to consult with a physician prior to my participation in the health and fitness classes, programs and workshops.**

**I represent and warrant that I am physically capable of participating, and I have no medical condition which would prevent my full participation in said exercise classes.**

**I \_\_\_\_\_ (print full legal name) understand that health/fitness and wellness of body mind and soul entails self-inquiry, and participation in many physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated entirely as a minute circumstance.**

**If I experience any pain, or both physical, and mental discomfort, I will listen to my body, adjust my posture, ask for support from the teacher, and even quit the exercise, even if it is recommended by the teacher in a group setting. I may have special injury circumstances that impede that generalized recommendation. I will continue to breathe smoothly, and be mindful of my body and appreciate where I am in my journey to fitness and wellness.**

**Any type of Yoga or Fitness Class is not a substitute for medical attention, examination, diagnosis or treatment.**

**All group Yoga, Barre, Pilates, and Dance Fitness Classes are not recommended and is not safe under certain rare medical conditions that are life threatening.**

**I affirm that I alone am responsible to decide whether to practice private medical yoga, and/or participate in just public group Yoga, Pilates, Barre, and Dance fitness classes offered at SNY Barre Fitness & Healing Arts Center.**

\_\_\_\_\_ (initial)

**I, my heirs, and/or legal representatives also forever release, hold harmless, waive, discharge and covenant not to take any legal action against Serenity Now Yoga Corp. (and its agents, employees, or owners, including but not necessarily limited to Dr. Dacia F. Milescu), for any physical damage to my body, or any severe injury, or for my death, which was caused by my own negligence, in either omitting pertinent information about my medical history, or by my not following my teacher's instructions, or verbal cues and commands, or by anything less than the gross negligence or other acts of the above-named parties.**

**In case of emergency, please contact:**

**(Please print name, relationship to you and most easily reachable**

**phone number): \_\_\_\_\_**

**Client Signature: \_\_\_\_\_**

**Legal Signature Date: \_\_\_\_\_**

**(Under 18 requires legal guardian's signature) \_\_\_\_\_**

**Teacher as Witness Date: \_\_\_\_\_**

**Teacher Signature as witness: \_\_\_\_\_**