



Client Intake and Release of Liability Form

This includes all Group Yoga, Pilates, Barre, and Dance Fitness.

Pranic Healing Clients visiting the rental property every Thursday Evening are also included in this category and must sign the Waiver.



Dr. Milescu Private Practice

Fitness & Wellness Coaching Practice Clients

MUST also sign this intake form and release of liability.

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: _____

Waiver and Release of Liability during and Post Covid-19 Pandemic:

I understand that in connection with responding to the Covid-19 pandemic,

Serenity Now Yoga Corp. will be open for personal services and fitness classes only when it is legal to re-open. I realize that the risk is hidden but clearly present even after the surge and peak has disappeared, random hotspots and outbreaks will occur.

By signing this agreement, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that I may be exposed to or infected by Covid-19, and voluntarily assume the risk upon entering a public space, whereby I may be exposed to, or infected by COVID-19, anywhere in the building, including the studio space rental property, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Studio space and/or the building within the space may result from actions, omissions, or negligence of myself, including, but not limited to, other Serenity Now Yoga Clients, random patrons entering the building, cleaning crew in the building, serenity now teachers and other contractors present within our business location.

I voluntarily agree to assume all of the foregoing risks and accept SOLE responsibility for any sickness or injury to myself (including, but not limited to disability, illness, damage, loss, law suite, claim, death, and liability associated with COVID-19 while I experience my attendance at Serenity Now Yoga Corp.

On behalf of myself, I hereby RELEASE, covenant to sue, discharge, and in turn hold HARMLESS Serenity Now Yoga Corp, the studio and its associates, and representatives, of and from any claims, including liabilities, actions, insurance claims, damages, costs or expenses of any kind arising out of or relating to your visits at Serenity Now Yoga Corp. headquarters in Longwood Florida.

I also understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is IMPOSSIBLE to determine who has it and who does not, given the current situation where testing is only occurring for symptomatic individuals.

I therefore understand and agree 100 % that this RELEASE from Liability includes any claims based on actions, omissions, or negligence of myself, including, but not limited to, SERENITY NOW YOGA CORP., employees, contractors, associates, and building staff, whether COVID-19 infection occurs before, during, or after participation at Serenity Now Yoga Studio.

READ CAREFULLY-BY SIGNING THIS DOCUMENT YOU FORFEIT AND GIVE UP IMPORTANT LEGAL RIGHTS.

Print Name: _____

Signature: _____ Date:

Witness: _____ date: