



be renewed
be restored
just be.



Movement with Edi

New Online Participant Intake Form

Date: _____

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Emergency Contact: _____

Do you have any physical and/or health conditions we should be aware of? (please explain)

Current types of exercise to you do: _____

Past exercise/sports: _____

What are your goals/expectations by attending yoga? _____

How did you hear about our classes? _____

Please read and sign below:

We are delighted to have you as a yoga participant. The following information will help you get the most out of your experience and clarify our instructor/participant relationship. We believe that yoga, in all its forms, are more than just physical exercise. They are transformative practices that integrate body, mind, heart and spirit to arrive at a deeper level of body awareness, relaxation and renewal. All exercise programs involve a risk of injury. By choosing to participate in any of our classes, you voluntarily assume a risk of injury.

By attending online classes, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice a program of physical exercise. I have received permission from my health care providers to participate in yoga and I confirm I do not have any physical conditions or disability that would limit my participation or preclude an exercise program.

The Space Crescent Beach Wellness Studio Inc., Movement with Edi and Edi Spanier will not be held liable for any injury sustained during or as a result of my participation in any class. I agree to listen to my body and monitor myself during every class.

Signature: _____ Date: _____

