



# KEEP MOVING

## Intake Form

Name

Address

Birthdate

click  
here

Phone

How would you describe your health, past and present?

Do you have any injuries? Any restrictions to movement?

What are your strengths?

Please check any areas that you would like to change / improve:

Breathing

Flexibility

Endurance

Balance

Strength

Stress management

Self-awareness

Weight management

Aerobic fitness

Are you experiencing any current stress?

Physical activity experience:

What past physical activities have you done? enjoyed the most?

What are your current physical activities?



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## Waiver of Liability

I, \_\_\_\_\_, recognise that I should consult with my physician(s) prior to my involvement in KEEP MOVING. If I have chosen not to do so, I hereby agree that I am doing so at my own risk.

I am voluntarily participating in the KEEP MOVING class and am aware that my physical participation, in-person or online, may result in accident or injury. The class teacher, Corinne Ott, maintains participants well-being and safety as a priority and encourages self-awareness to this end — however, my safety and well-being is ultimately my responsibility for the risks, known, or unknown, which might incur connected with participation in a movement class. I hold Corinne Ott and heirs harmless from any and all claims, present and future, arising out of or connected with my participation in this or any program including any injuries resulting from them.

I represent that I am in good physical condition and that I will make known to the teacher any pain or medical condition. I acknowledge and agree that I assume the risks associated with any and all activities and/ or exercises in which I participate. I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against Corinne Ott, KEEP MOVING.

Date

[click here](#)

Name

Signature