

PARTICIPANT HEALTH WAIVER - *Sensing ~ Feeling ~ Moving*
Angie Yetzke, LLC ~ Somatic Movement Education and Therapy

Please print, complete and bring to workshop. Note: The last item requires a YES/NO response.

Name _____ Tel. _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Contact Tel. _____

Known medical conditions, Injuries, Health Concerns (Please use the back if you need more room.)

HEALTH: If you are sick, please stay home. Masking is optional, but not recommended due to focus on full-body breath. The choice is yours, and your choice will be respected.

TOUCH: Somatic movement practices include therapeutic touch and hands-on work for physical and emotional healing. Please let Angie know prior to the workshop if you choose NOT to participate in hands-on activities or if you have questions about this. info@angieyetzke.com or 616-915-4407.

WHAT TO WEAR: Please wear comfortable clothing that allows you to lie on the floor and move through the space with ease. Socks or bare feet recommended.

WHAT TO BRING (optional): Please bring water, snacks, and “comfort items” for floor work such as knee pads, pillow, blanket, etc. (Note: Yoga mats can work, but best with a blanket on top.)

Please arrive 5-10 minutes early to ensure an on-time start.

I agree to / understand...

~There is potential risk of injury in any form of physical activity and potential risk of illness transmission in close contact with others, and I am participating at my own risk following consultation with my healthcare provider. I will alert Angie to any physical injuries or concerns that occur prior to, during or following a class or session. I will not hold Angie Yetzke, LLC or Angie Yetzke responsible for injury, illness or death incurred while participating in or following participation in her services.

~All provided resources (study guides, playlists, videos/video links, etc.) are the intellectual property of Angie Yetzke. Sharing or posting to social media is prohibited. Recording of workshop(s) is also prohibited.

~**YES / NO** I grant Angie Yetzke, LLC, permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Angie Yetzke, LLC, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

SIGNATURE

COMPANY NAME

DATE

Move well. Live free.
Angie Yetzke, LLC ~ Somatic Movement Education and Therapy
www.angieyetzke.com