

- Apprentice Session
- Expert Session
- Senior Session
- Director Session
- Roling Session



fitness + health. fused.

CLIENT HEALTH FORM

This is your confidential client history form. Please fill out as much information as possible and sign. Thank you!

Name: _____ **Date:** _____

Email: _____ **Tel:** _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____ **Country (if not US):** _____

Date of Birth: _____ **Occupation:** _____

Company Affiliation: _____

Emergency Contact Name: _____ **Tel:** _____

How did you hear about us? *(please choose one)*

- Walk-in
 Editorial
 Coupon
 Internet: (Google Ad Citysearch Other: _____)
 Ad
 CEC Provider
 Trade show
 Referral/Other (from: _____)

I would love to receive Kinected email updates! *(please circle)* yes no

LIST YOUR PHYSICAL ACTIVITIES AND FREQUENCY (INCLUDE ALL ACTIVITIES, i.e., GARDENING, LIFTING, CHILDREN, SPORTS, DANCE, WALKING):

INFORM US OF ANY MOVEMENT LIMITATIONS (THIS MAY INCLUDE INJURIES AND/OR STIFFNESS):

LIST YOUR PAST/CURRENT MEDICAL HISTORY:

LIST ANY ALLERGIES OR MEDICATIONS THAT YOU ARE TAKING:

CLIENT SIGNATURE _____

INFORMED CONSENT

I have agreed to participate in a program of progressive physical exercise with a teacher at Kinected. The exercise program includes cardiovascular conditioning, muscle strength, endurance and flexibility work. The conditioning program utilizes Pilates, Kane Core Integration, Body Mind Centering, Iyengar and other methods of conditioning, strengthening, and stretching recommended by the College of Sports Medicine and International Dance Exercise Association. The possible benefits of this exercise program include: improving cardiovascular fitness, muscle strength, endurance, flexibility, body posture and alignment.

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). The possibility of certain unusual changes during exercise does exist. They include such conditions as muscle soreness or stiffness, abnormal blood pressure, fainting, disorders or heart beat and instances of heart attack and death. I hereby acknowledge and accept these risks. To my knowledge, I do not have any limiting physical conditions or disability that would preclude an exercise program. I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Medical problems (if any): _____

I waive, indemnify, exonerate, hold harmless Kinected staff or employee of Kinected and their assigns for any claims, demands and causes of action (including attorney's fees) arising out of or pertaining to any loss, damage, injury or death sustained, caused by any negligent act or act of omission or my participation in the Kinected program or breach of duty related to Kinected. This release applies whether or not any claim, demand, action or suite is based upon or alleged to be based on or in part, the negligent act or act of omission or similar conduct of those parties are hereby released and indemnified. I do hereby assume all risk and hazards in volunteering to participate in the Kinected program. I hereby acknowledge that I possess adequate medical and hospitalization insurance coverage in case of injury. I further acknowledge that I might have the right to choose what exercises I do or do not perform in addition to withdrawing from any exercise at any time.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS CONSENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, I DO HEREBY WAIVE ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST ME FOR MY NEGLIGENCE OR ARISING OUT OF OR RELATING TO PARTICIPATION BY ME IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES PROVIDE TO ME BY KINECTED.

PARTICIPANT'S SIGNATURE _____ **DATE** ____/____/____

GUARDIAN'S SIGNATURE _____ **DATE** ____/____/____
(if client is under the age of 18)

A physician's examination should be obtained by all participants prior to involvement in the exercise program. If a participant chooses not to obtain a physician's permission, she/he must sign the following statement:

I have been informed of the need for a physicians approval or participation in a progressive exercise/fitness program. I fully understand the strenuous nature of the program.

I accept complete responsibility for my health and well being in the voluntary exercise/fitness program and related testing and understand that no responsibility is assumed by the directors, owners, or employees of Kinected.

PARTICIPANT'S SIGNATURE _____ **DATE** ____/____/____

GUARDIAN'S SIGNATURE _____ **DATE** ____/____/____
(if client is under the age of 18)

STUDIO POLICY

- I understand that all appointments are 55 minutes and that all appointments must be made with the front desk staff.
- I understand that 24 hour notice must be given when canceling scheduled appointments and group equipment classes. If I do not cancel 24 hours in advance, for whatever reason, I will be responsible for 100% of the service. If I have an equipment monthly unlimited class card, I will be responsible for a \$15 late cancellation fee per class forfeited.
- I understand that all payments are due on the day of service.
- I understand that all packages will begin on the day of purchase. Unpaid sessions dated before the purchase date will not be applied to the package. Unless specified otherwise, all packages have a one year expiration date from the date of purchase.
- I understand that my class or session will be forfeited 15 minutes after its scheduled start time if I am not present. I will be responsible for any late cancellation fees that apply for all forfeited classes and/or sessions.
- I understand that if I am on the wait list for a class, I can occupy any vacancies 15 minutes after the class has begun.
- I understand that all sales are final. There are no refunds for paid services.

**Policies are subject to change without notice.*

CLIENT SIGNATURE: _____

DATE: _____

