



Intake and Waiver Form

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Emergency Contact: _____

How did you hear about us?

Medical Information (please check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> depression | <input type="checkbox"/> hypoglycemia | <input type="checkbox"/> sciatica |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> gastrointestinal problems | <input type="checkbox"/> insomnia | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> genito-urinary difficulties | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> skull or eye problems |
| <input type="checkbox"/> allergy | <input type="checkbox"/> heart condition | <input type="checkbox"/> MS | <input type="checkbox"/> ulcer |
| <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> hernia | <input type="checkbox"/> osteoporosis | |
| <input type="checkbox"/> chronic headache | <input type="checkbox"/> HIV | <input type="checkbox"/> pregnancy | |
| <input type="checkbox"/> prolonged illness _____ | | | |
| <input type="checkbox"/> recent major surgery _____ | | | |
| <input type="checkbox"/> physical injuries from accident _____ | | | |
| <input type="checkbox"/> other _____ | | | |

Working with instructors and general policies

_____ I will faithfully follow all instructions given to me by the instructor(s), participate with the group to the best of my ability, and rest as needed.

_____ I also give consent to Revolution Body in Motion, LLC to give minor emergency first aid and/or advice to me. I hereby release claims I have toward them for giving me such treatment.

_____ Many classes require a lot of concentration and focus to learn well. Please be respectful of others and yourself by turning off cell phones and pagers while in the studio.

_____ A \$25.00 fee will be applied to any returned checks.

_____ Transfers, refunds or freezing are not permitted for Class Packages and Programs.

_____ Instructors are independent contractors bringing their specialized programs and styles to Revolution Body in Motion and carry their own liability insurance.

NOTE: We reserve the right to cancel classes, workshops or events if there is insufficient enrollment. Class schedules may change without notice.

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

Participant understands that pilates, yoga and other fitness programs (hereinafter referred to as "Pilates, Yoga, Body Movement") involve physical exertion, are strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with Pilates, Yoga, or Body Movement, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes and all risk of property damage, injury, and death associated with Pilates, Yoga or Body Movement.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Pilates, Yoga or Body Movement. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Pilates, Yoga or Body Movement Classes. Participant agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation in Pilates, Yoga or Body Movement sessions or classes.

In consideration for participation in Pilates, Yoga or Body Movement, receiving instruction in a group, private or semi-private lessons, and using the equipment and facilities, Participant hereby agrees to release, hold harmless, and indemnify Revolution Body in Motion, LLC and its owners, partners, employees, independent contractors, directors, officers, agents, and affiliates from any and all claims by or on behalf of Participant against Revolution Body in Motion, LLC arising directly or indirectly out of Participant's participation in Pilates, Yoga or Body Movement, use of any Revolution Body in Motion equipment or facilities, and participation in any class, program, or workshop offered by Revolution Body in Motion. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Revolution Body in Motion, LLC. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates, Yoga or Body Movement and agrees to release, hold harmless, and indemnify (including costs and attorneys fees) Revolution Body in Motion, LLC for any claims brought by or on behalf of the minor.

Please sign below to indicate that you have read and agree to the policies as specified above.

Participant Signature: _____ **Date:** _____

Participant Name: (print) _____

IF PARTICIPANT IS UNDER 18

Participant Signature: _____ **Date:** _____

Participant Name: (print) _____

Parent or Legal Guardian Signature: _____ **Date:** _____