



Client Information and Release of Liability

Please answer each question as accurately as possible. Your answers will be confidential.

Client Information

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone Number(cell) _____ Cell Provider _____

Email _____

MindBody Password _____ (6-12 characters)

(We will set up your account, password can be changed after first login)

In Case of Emergency, please notify:

Name _____ Relationship _____

Phone Number (cell) _____

How did you hear about us? _____

FOR OFFICE USE ONLY

Client Card Created _____

Date of First Visit _____

Pilates _____ MELT _____ Yoga _____

Instructor _____

General Medical History and Information

Please note: in order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

Are you under the care of a physician, chiropractor, or other health care professional for any reason? _____

If yes, please list reason: _____

Do you have consent from your health care provider to participate in exercise? _____

Do you have any serious health conditions that we should know about that may affect your exercise program?

Are you taking any medications we need to know about? If yes, please explain.

Please describe your current exercise routine.

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head/Neck _____

Upper Back _____

Shoulder/Clavicle _____

Arm/Elbow _____

Wrist/Hand _____

Lower Back _____

Hip/Pelvis _____

Thigh/Knee _____

Lower leg/Ankle/Foot _____

Please take a moment to carefully read the following information and sign where indicated.

Waiver of Liability and Informed Consent Release

I voluntarily desire to participate in any training, assessment, analysis, education, workshops, events, physical exercise, rehabilitation, therapy, and or meditation conducted by Kathy Lopez, Pamela Franco, Studio Be, Ventura Fitness Studio, its directors, instructors, trainers, independent contractors, officers, employees, consultants and agents. I understand that participation in the above mentioned activities presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness, or medical disabilities. I recognize that many changes may occur as a result of participation in the above mentioned activities including but not limited to, short-term aggravation of some symptoms, feelings of tiredness, light-headedness, fainting, increased energy, mood changes, changes in blood pressure, etc.

I also understand that a medical evaluation is advisable before commencing any program involving training, assessment, analysis, education, workshops, events, physical exercise, rehabilitation, therapy, and/or meditation. I have and will continue to keep Kathy Lopez, Pamela Franco, Studio Be, Ventura Fitness Studio, its directors, instructors, trainers, independent contractors, officers, employees, consultants and agents fully informed of any physical condition which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, Kathy Lopez, Pamela Franco, Studio Be, Ventura Fitness Studio, its directors, instructors, trainers, independent contractors, officers, employees, consultants and agents are not engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the programs conducted by Kathy Lopez, Pamela Franco, Studio Be, Ventura Fitness Studio, its directors, instructors, trainers, independent contractors, officers, employees, consultants and agents and waive any claim which I might otherwise bring against Kathy Lopez, Pamela Franco, Studio Be, Ventura Fitness Studio, its directors, instructors, trainers, independent contractors, officers, employees, consultants and agents as a result of injuries resulting from or relating to my participation in their programs.

Participant Signature _____ **Date** _____

Consent for minors is required prior to first session

Parent/Guardian Signature _____ **Date** _____

Release of Liability for Photos and Videos

I hereby give Studio Be, Kathy Lopez, Pilates with Kathy, Pamela Franco, V-Fit, its directors, instructors, trainers, independent contractors, officers, employees, consultants, agents and film crews permission to film, videotape and/or photograph me and/or my child for the purpose of producing promotional materials in print and online. I have been advised this film, video, and/or photography will be used to promote Studio Be, Kathy Lopez, Pilates with Kathy, Pamela Franco, V-Fit, its directors, instructors, trainers, independent contractors, officers, employees, consultants, agents and film crews, as well as healthy lifestyles. I also understand that the film, video and/or photography may be viewed in collateral material and/or online for the purpose of promoting Studio Be, Kathy Lopez, Pilates with Kathy, Pamela Franco, V-Fit, its directors, instructors, trainers, independent contractors, officers, employees, consultants, agents and film crews, as well as healthy lifestyles.

I release Studio Be, Kathy Lopez, Pilates with Kathy, Pamela Franco, V-Fit, its directors, instructors, trainers, independent contractors, officers, employees, consultants, agents and film crews from all liability arising from the use of the film, video and/or photography of myself or my child. I also understand and agree that no compensation will be paid to myself or my child for participating in this film, video and/or photography.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____