



Scheduled Appt/Class Date: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname? \_\_\_\_\_

Address (street/city/state/zip): \_\_\_\_\_

Phones: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

(If referred by a doctor or other person, please share your source's name so we can thank them)

Occupation: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicalert Conditions? \_\_\_\_\_

If not referred, how did you find MOVE Studios? (Google, Yelp, signage, etc) \_\_\_\_\_

Please list any accidents, injuries, pregnancies, significant illnesses/medical treatments, or surgeries including the dates of the events:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please describe your current movement, athletic, fitness activities:

\_\_\_\_\_
\_\_\_\_\_

If your movement activities are currently impaired, please list any previous pursuits:

\_\_\_\_\_

Please put an X next to any of the following conditions you have now, or have had in the past:

- Glaucoma \_\_\_\_\_ Heart Attack/Problems \_\_\_\_\_
High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_
Low Blood Pressure \_\_\_\_\_ Asthma \_\_\_\_\_
Stroke \_\_\_\_\_ Dizziness \_\_\_\_\_
Osteoporosis \_\_\_\_\_ (T Score? \_\_\_\_\_) Depression \_\_\_\_\_

Are you being treated by a doctor or other professional for any conditions above, or any conditions not listed here? If so, please explain:

\_\_\_\_\_
\_\_\_\_\_



INFORMED CONSENT/WAIVER OF LIABILITY/ASSUMPTION OF RISK for all In-Person and Online Activities

- 1. I understand and expressly assume all risks of my participation in the programs of movement re-education, strength, flexibility, Pilates and other exercise training and conditioning by MOVE Studios LLC, and I hereby waive, release and forever discharge any and all claims or causes of action which I might otherwise bring against MOVE Studios LLC, its officers, employees, trainees, and contractors with regard to injuries, damages, or losses arising from or relating to my participation in the above-mentioned activities or the use of equipment, props, or machinery in these activities, whether in-person or via Zoom, Skype, Facetime or any online platform.
2. I understand and am aware that movement re-education, strength, flexibility, Pilates and other exercise training and conditioning, including the use of fitness equipment of any kind, are potentially hazardous activities. I also understand that these activities involve the risk of injury and possibly even death, especially to people with pre-existing injuries, illnesses or medical disabilities. I am voluntarily participating in these activities and using Pilates and other equipment and machinery with knowledge of the dangers involved, and with the understanding that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I hereby agree to expressly assume and accept any and all risks of injury or death both in-person and via online sessions.
3. I hereby declare myself to be of sound mind and physically suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in movement re-education, strength, flexibility, Pilates and other exercise training and conditioning or in the use of Pilates and other fitness equipment and machinery. I also understand that a medical evaluation is advisable before participation in above-mentioned activities. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of Pilates and other fitness equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of Pilates and other equipment and machinery both in-person and via online instruction.
4. I understand it is my responsibility to fully inform, and keep fully informed, the MOVE Studios instructors and staff working with me of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program both in-person and online. I further acknowledge that, while the program may have substantial physical benefits, MOVE Studios practitioners do not engage in diagnosing or treating medical disease or deficiencies.

CANCELLATION POLICY: I understand that all MOVE Studios reserved in-person and online appointments (evaluations and private/semi-private sessions or private classes) are subject to a 24-hour cancellation policy. This policy is in place for the benefit of all clients and instructors, allowing clients to take a class or private session opening when they become available, and instructors to offer open spots to appointment-seeking clients in a timely fashion.

I hereby acknowledge that failure to cancel any PRIVATE APPOINTMENT with MOVE Studios prior to the 24-hour window will result in my being automatically charged for the missed class or appointment at a rate of 50% for a cancellation within 12-24 hours and 100% for a cancellation inside of 12 hours. I further acknowledge that failure to cancel a CLASS RESERVATION with less than 12 hours notice will be charged at the full rate.

I acknowledge that all cancellations can be done online up to 24 hours in advance, and appointment cancellations will automatically generate notification to my instructor. If I am UNABLE to cancel online, I will notify my instructor directly as soon as possible. If notification is inside of 24 hours all above policies apply.

PACKAGE EXPIRATION POLICY: I understand that prepaid packages for classes or private/small group sessions must be used within one year from the date of purchase. Sessions remaining on a package and not used by the end of that year will be lost. Refund or transfer requests submitted in writing prior to expiration will be honored, minus any credit card fees (if applicable) assessed for processing the return.

I have read, completely understand and fully agree to the policies and release as stated above. Agreement to this Cancellation and Liability Information will act as your continued agreement to all ensuing classes and private sessions whether in person, via Zoom, Skype, Facetime or any other video conferencing tool.

Signature (parent or guardian if under 18 years of age)

Date

PRINT NAME: (include both name of minor and guardian when appropriate)



### **In-Person COVID-19 Waiver**

1. I understand that COVID-19 is reported to be extremely contagious, and it is believed to be spread primarily through the air via person-to-person contact and the droplets present in respiration, along with possible spread through contact with contaminated surfaces and objects (very low risk). Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.
2. I understand that MOVE Studios is following all of the best practices regarding this virus to the best of their ability in accordance with the Centers for Disease Control, the State of Colorado, and the latest published scientific data and information available. By choosing to participate in-person at the studio, I hereby acknowledge that MOVE Studios cannot prevent me from becoming exposed to, contracting, or spreading COVID-19 while utilizing MOVE Studios' services or premises.
3. I hereby choose to accept the risk of contracting COVID-19 for myself in order to utilize MOVE Studios' services and enter MOVE Studios' premises.

I hereby forever release and waive my right to bring suit against MOVE Studios and its owners, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing MOVE Studio's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

\_\_\_\_\_  
Signature (parent or guardian if under 18 years of age)

\_\_\_\_\_  
Date

PRINT NAME: \_\_\_\_\_  
(include both name of minor and guardian when appropriate)

*Updated 4/22/22*