



Client Intake and Release of Liability Form

Name: _____

Address: _____

Phone: _____ Cell Home Work

_____ Cell Home Work

Occupation: _____

E-Mail: _____

Birthday: _____

How did you hear about Launch Awareness Fitness Studio?

Are you pregnant? _____ If so, expected due date: _____

Do you have any injuries or physical conditions which limit your ability to take part in any type of sustained exercise, yoga, bodyART, TRX, Pilates, or to take part in aerial yoga or aerial silks exercises which involve being suspended above the exercise floor? Do you have to have your doctor's permission to engage in any such exercise? If so, please explain:

Do you have any prior experience with yoga (including aerial yoga) and/or are you participating in other forms of physical fitness/exercise?

What do you hope to achieve through your work with Launch Awareness Fitness Studio?

_____ (initial)

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the health and fitness classes, programs and workshops. I represent and warrant that I am physically capable of participating and I have no medical condition which would prevent my full participation in said exercise classes. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

I _____(print full legal name) understand that health and fitness classes offered at Launch Awareness Fitness Studio includes many physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or both physical and mental discomfort, I will listen to my body, adjust my posture, ask for support from the teacher and even quit the exercise if it is recommended by the teacher. I will continue to breathe smoothly.

Any type of yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga, as well as any other fitness classes offered at Launch Awareness Fitness Studio.

_____(initial)

I, my heirs and/or legal representatives also forever release, hold harmless, waive, discharge and covenant not to take any legal action against Launch Awareness Fitness Studio (and its agents, employees or owners, including but not necessarily limited to Kelli Carraway and Jane De Albuquerque) for any physical damage to my body or any serious injury or for my death which was caused by my own negligence in either omitting pertinent information about my medical history or by my not following my teacher's instructions or commands or by anything less than the gross negligence or other acts of the above named parties.

In case of emergency, please contact (Please print name, relationship to you and most easily reachable phone number):

I understand that cancellations for all group classes, private, and semi-private sessions must be made 12 hours prior to the scheduled appointment and/or class time or I will be responsible for the said fee.

I affirm that I have read and agree to all of the above.

Legal Signature
(Under 18 requires legal guardian's signature)

Date

Witness

Date