INTAKE & WAIVER FORM

Name:_____ Date: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Email Address If You Would Like To Receive Emails: _____

How Did You Hear About Us: □ Internet □ Drive By □ FaceBook □ Direct Mailer □ Other _____

List any past **Injuries/Accidents/Surgeries** still affecting you, please include date and year: _____

_____

_____

Please read the following questions carefully and answer by circling YES or NO.

YES NO Do you feel pain in your chest when you do physical activity?
YES NO In the past month, have you had chest pain when you were not doing physical activity?
YES NO Do you lose balance because of dizziness or do you ever lose consciousness?
YES NO Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES NO Is your doctor currently prescribed medications for blood pressure or a heart condition?
YES NO Has your doctor ever said that you have a heart condition and that you should only do restrictive physical activity.
YES NO Do you know of any other reason why you should not do physical activity?(If YES,Need Physicians Clearance Before Program)

Emergency Contact Name: _____ Contact Number:_____

- Chi Warrior is not responsible for lost or stolen articles under any circumstances.
- I understand that Chi Warrior services are provided for the basic purpose of relief of muscular tension. If I experience any pain or discomfort during a session, I will immediately inform the Chi Warrior staff so that services can be adjusted. I understand Chi Warrior services should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that Chi Warrior staff are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- I affirm that I have stated all my known medical conditions and answered all questions honestly and in signing below I affirm that I have read this form in its entirety and understand its contents. I agree to keep Chi Warrior staff updated as to any changes in my medical profile and understand that there shall be no liability on Chi Warrior or its staff part should I fail to do so.
- I hereby waive and release Chi Warrior and its staff from any and all liability, past, present and future relating to services I receive. I understand that Chi Warrior staff reserve the right to refuse to give services based on my health and risk factor determined by industry standards. I assume the risk in participation in fitness activity and further agree to release and forever discharge Chi Warrior, its affiliates, staff and instructors from any and all claim that may result from my injury, death, accidental or otherwise, during or arising in any way from any exercise participation. I understand that certain risks may be involved in any exercise program. These risks may include musculoskeletal pain, soreness, spinal injuries, elevated heart rate, labored breathing, excessive sweating or light-headedness. I understand that every effort will be made to minimize these risks. I understand the risks and declare myself physically sound and/or have medical approval to participate in any exercise.
- I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Chi Warrior staff. I will take personal responsibility to report to my trainer/instructor any new diagnosis, injuries or surgical procedures occurring during my contact that could affect my fitness training. I will take personal responsibility for reporting any unusual signs/symptoms to my trainer/instructor. I understand that if I have indicated positive to any medical history questions, a medical referral may be necessary. Any information that is obtained regarding my fitness training and my progress will be confidential and will not be released or revealed to any person other than my physician without my expressed or written consent.

- Any survey, photos, videos and/or any information given to Chi Warrior is only used for Chi Warrior benefits and will not be sold. I hereby give Chi Warrior permission to send Service Specials by either email or home address. I also understand that I can “unsubscribe” at any time by informing Chi Warrior Sales Department.
- I assume the risk in participation in fitness activity and further agree to release and forever discharge Chi Warrior, its affiliates, staff and instructors from any and all claims that may result from my injury, death, accidental or otherwise, during or arising in any way from any program participation. I agree to hold harmless Chi Warrior and its staff from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from the injury, death, accidental or otherwise during or arising in any way.

- **APPOINTMENT CANCELLATION POLICY**: Just a reminder we have a 48 Hour Cancellation/Reschedule policy. If You Provide Less Than 48 Hour Notice, On Appointments You Will Be Charged For The Full Service Price Of The Appointment and For Classes A Fee Of $10. Advance 48 hour cancellation/reschedule applies towards winter weather & sick cancellation/reschedule also, if you wait to cancel your appointment you will be charged the full price of the appointment unless we are able to get another client booked in that time spot. If You Do Not Show Or Call To Cancel Your Appointment You Will Be Charged For The Full Service.

Signature: _____ **Date:_____**

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MINOR CONSENT (Clients Under 18 Years Old) I hereby give consent for my minor child to workout and/or receive treatment from Chi Warrior. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence for any future treatment sessions.

Parent/Guardian Signature: _____ **Date:_____**