



CLIENT INTAKE FORM

Name _____ Date _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

What is the best way to communicate with you? **CALL** or **TEXT** or **EMAIL**

Emergency Contact _____ Phone _____

How did you hear about us? _____
(If you were referred by someone, please let me know who so I can send them some love!)

Are you currently engaging in any types of therapy/treatment?

PT OT Massage Chiropractic Other _____

Please circle any of the following that apply to you (please indicate if past or current conditions)

- | | | |
|-------------------------|---------------------|-------------------|
| Allergies | Diastasis recti | Osteoporosis |
| Arthritis | Dizziness | Pregnancy |
| Artificial joints | Epilepsy/seizure | Sciatica |
| Artificial valves | Fatigue | Scoliosis |
| Asthma | Fibromyalgia | Stenosis |
| Autoimmune Disease | High Blood Pressure | Spondylosis |
| Back pain | Heart disease | Spondylolisthesis |
| Blood clots | Hernia | Stroke |
| Broken bones | HIV | Hyperthyroidism |
| Bulging/herniated discs | Low Blood Pressure | Hypothyroidism |
| Bursitis | Neck pain | Other: |
| Cancer | Numbness/tingling | _____ |
| Diabetes | Osteopenia | |



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Surgical/injury history?

Please list any medications that you are currently taking:

Anything else you would like me to know about your health?

Have you done Pilates and/or **GYROTONIC®** before? **PILATES** **GYROTONIC®** **NEITHER**

What does your current exercise routine consist of?

What specific health, wellness, or movement goals do you hope to achieve?



CLIENT INTAKE FORM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me") desires to participate in physical exercise and workouts, including supervised and unsupervised gym equipment use (the "**Exercise**") SOL Movement Center, LLC, a Washington state limited liability company with its principal place of business at 245 Torbett St., Richland, Washington 99354 (the "**Company**"). In consideration of being permitted by the Company to participate in the Exercise and in recognition of the Company's reliance hereon, I agree to all the terms and conditions set forth in this instrument (this "**Release**").

I AM AWARE AND UNDERSTAND THAT THE EXERCISE IS A POTENTIALLY DANGEROUS ACTIVITY AND INVOLVES THE RISK OF PERSONAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, TEMPORARY OR PERMANENT DISABILITY, DEATH, PROPERTY DAMAGE, AND/OR FINANCIAL LOSS. I ACKNOWLEDGE THAT ANY INJURIES THAT I SUSTAIN MAY RESULT FROM OR BE COMPOUNDED BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE COMPANY, INCLUDING NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF THE COMPANY.

NOTWITHSTANDING THE RISK, I ACKNOWLEDGE THAT I AM KNOWINGLY AND VOLUNTARILY PARTICIPATING IN THE EXERCISE WITH AN EXPRESS UNDERSTANDING OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE ARISING FROM THE EXERCISE, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE COMPANY OR OTHERWISE.

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its employees, agents, successors, and assigns (collectively, "Releasees"), on account of injury, disability, death, or property damage arising out of or attributable to the Exercise, whether arising out of the ordinary negligence of the Company or any Releasees or otherwise.

I covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees, the costs of enforcing any right to indemnification under this Release, and the cost of pursuing any insurance providers, incurred by the Company or any other Releasees in a final non-appealable judgment, arising out or resulting from any claim of a third party related to the Exercise, including any claim related to my own negligence or the ordinary negligence of the Company.

I hereby consent to receive medical treatment deemed necessary if I am injured or require medical attention during my participation in the Exercise. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. I hereby release, forever discharge, and hold harmless the Company from any claim based on such treatment or other medical services.



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This Release constitutes the sole and entire agreement of the Company and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on and shall inure to the benefit of the Company and me and our respective heirs, successors, and assigns.

All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Washington without giving effect to any choice or conflict of law provision or rule (whether of the State of Washington or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in Benton County, Washington and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY. I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT.

Printed Name _____ **Date** _____

Signature _____

Minor Signature

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent and agree to the terms and conditions of this Release of Liability and Assumption of Risk.

Printed Name of Parent or Legal Guardian

Witnessed by (printed name)

Signature

Signature of Witness

Date

Date



CLIENT INTAKE FORM

Terms of Services

Introduction

These Terms of Services ("Terms") govern the provision of Services (defined herein) by SOL Movement Center, LLC ("Instructor") to you the undersigned individual ("Participant"). By engaging in Services provided by Instructor, Participant agrees to be bound by these Terms.

Scope of Services

Instructor agrees to provide fitness and wellness instruction, including but not limited to Pilates, **GYROTONIC®** sessions, group sessions, and personal training sessions ("Services").

Participant Responsibilities

Participant is expected to adhere to the following responsibilities to ensure safety and effectiveness of the Services provided:

1. Inform Instructor of any prescribed medications you are taking and any changes to such medications.
2. Cease exercise and immediately notify Instructor if you experience any symptoms such as fatigue, shortness of breath, chest discomfort, or similar symptoms and/or injuries.
3. Use your best judgment regarding your physical capability to continue participation and cease participation if necessary.

Physical Contact and Positioning

In the course of providing instruction and guidance, Instructor may find it necessary to engage in physical contact with Participant to ensure proper exercise execution and technique. Such physical contact may include but is not limited to adjusting posture and alignment or demonstrating exercises. Participant acknowledges the potential necessity of such physical contact for the purpose of receiving accurate and effective instruction. However, Participant retains the right at any time to limit or refuse physical contact. Should Participant choose to limit or refuse physical contact, they are encouraged to communicate their preferences clearly to Instructor, who shall respect and adhere to Participant's wishes to the best of their ability without compromising the quality of instruction.

Liability for Personal Belongings

Under no circumstances shall Instructor be held liable for any loss, theft, or damage to the personal belongings of any Participant while on the premises where Services are provided. It is the sole responsibility of Participant to secure their personal belongings.

Payment Terms

Payment for Services rendered by Instructor to Participant shall be made directly by Participant. Instructor does not bill insurance for Pilates or **GYROTONIC®** sessions, which are exclusively cash-based services. All payments are due at the time of service unless otherwise agreed upon in writing by both parties.

It is the responsibility of Participant to ensure timely and full payment for all services received. Failure to make payment as agreed may result in suspension of services until payment is received in full. Instructor reserves the right to modify the payment terms and prices for services provided with prior notice to Participant.



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Non-Provision of Physical Therapy Services

Services provided do not constitute physical therapy or any form of prescribed medical treatment. The exercise recommendations and any physical contact between Instructor and Participant are solely for the purpose of fitness instruction and are not intended as medical advice.

Participant acknowledges that they should consult with a licensed medical professional for any physical or health-related advice or treatment.

Cancellation Policy

To ensure fair and efficient scheduling for all participants, the following cancellation policy is implemented by Instructor. Participant is required to provide at least 12 hours' notice for the cancellation of any session or class. Failure to provide such notice will result in the appointment being forfeited and deducted from Participant's current purchased package.

This policy applies to all services provided by the Instructor on the Premises or through any other agreed-upon means. It is designed to respect the time and commitment of both Instructor and other Participants. Exceptions to this policy may be considered on a case-by-case basis at the discretion of Instructor, particularly in cases of emergency or unforeseen circumstances.

Miscellaneous

These Terms shall be governed by and construed in accordance with the laws of the State of Washington without giving effect to any principles of conflicts of law. If any provision of these Terms is declared unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from these Terms and shall not affect the validity and enforceability of any remaining provisions. These Terms constitute the entire agreement between the Participant and the Instructor regarding the subject matter hereof, and it supersedes all prior or contemporaneous communications, proposals, and agreements, whether electronic, oral, or written, between the Participant and the Instructor with respect to said subject matter.

The failure of Instructor to exercise or enforce any right or provision of these Terms shall not constitute a waiver of such right or provision. Any waiver of any provision of this Term of Service will be effective only if in writing and signed by Instructor.

These Terms may be amended or modified only by a written agreement signed by both Instructor and Participant. No agent, employee, or representative of Instructor except Hannah Freier has any authority to bind Instructor to any affirmation, representation, or warranty concerning the Services provided under these Terms, except as expressly set forth herein.

The parties hereby irrevocably submit to the exclusive jurisdiction of the federal and state courts located in Washington for the resolution of any disputes arising out of or relating to this Agreement.

Photo Release

By agreeing to these Terms, Participant grants Instructor a perpetual, non-exclusive, worldwide license to use any photographs, video recordings, or any other visual or audio representations in which Participant may be included, in whole or in part, without restriction as to changes or transformations, for the purpose of publicizing and promoting the services of Instructor. This includes, but is not limited to, use in promotional materials, marketing campaigns, and social media platforms.

Participant acknowledges that they will not receive any compensation, monetary or otherwise, for the use of their likeness as described herein. The Participant also waives any right to inspect or approve the finished product, including written or electronic copy, wherein their likeness appears. Instructor agrees to use Participant's likeness in a tasteful and professional manner.

Participant wishes to opt out of photo release [].



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EXECUTED effective as of the Effective Date first written above.

Client Printed Name _____ **Date** _____

Signature _____