



Client Intake Form

Please Print Legibly

Date: _____

Name: _____ Birthday _____ / _____ / _____

Address: _____ City/State/Zip _____

Phone: _____ E-mail _____

Emergency Contact: _____ Phone: _____

Medications: _____

Surgeries: _____

Any other conditions your therapist/trainer needs to know (diseases, injury, illness, allergies...):

Reason for Visit: _____

Waiver and Release Form

Because physical exercise can be strenuous and subject you to risk of serious injury, *The Movement Training Company, LLC (MTC), Functional Massage Therapy (FMT)* and your trainer/massage therapist Chris Gonzales urge you to obtain a physical examination from a doctor before beginning any exercise/training program.

You agree that by participating in these physical exercise sessions or personal training activities, you do so entirely at your own risk. This includes, without limitation, (a) your use of all amenities and equipment in the facility and any off site location and your participation in any activity, class, program, personal training or instruction, (b) any environmental factors or acts of nature (c) our instruction, training, supervision, movement or dietary recommendations.

You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury. You expressly agree to release and discharge your trainer/instructor/massage therapist from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur, regardless of negligence.

By signing and participating, you agree that *The Movement Training Company, LLC, Functional Massage Therapy*, its authorized agents, employees and assignees may use the photos, videos, quotes, and/or audio recordings for purposes such, but not limited to: marketing, paid product, review and promotional via any medium they deem appropriate. No compensation

will be paid for this use, nor is any recognition required.

____ You agree to reschedule or cancel your appointment(s) at least 24 hours in advance of the scheduled appointment, or pay a \$50 fee for late cancellation/rescheduling, and the full cost of the session for a no call, no show.

____ You understand that services offered are not a substitute for medical care; You understand that your massage therapist/trainer is not a doctor or physical therapist, and is therefore not trained to perform high velocity spinal adjustments, diagnose, prescribe, or treat physical or mental illness.

____ You understand that massage and manual therapy is entirely therapeutic and non-sexual in nature. You agree that any misconduct as determined by the therapist/trainer will immediately end the session, and no refund will be offered.

____ You understand that you will be clothed throughout treatment, but may be asked to remove layers for better access to the body areas that need treatment. People are sometimes treated in just shorts and, if applicable, a sports bra. Along with this, it may be necessary for treatment for your massage therapist to place his hands underneath parts of your clothing (Ex: Bra strap to reach the shoulder, shorts to reach the hips, etc.).

____ You agree to inform your massage therapist/trainer if you experience pain or discomfort during the session so adjustments can be made to your comfort level. You will not hold your therapist/trainer responsible for any pain or discomfort you experience during or after the session.

____ You understand that the following sometimes occurs during sessions, and they are normal responses to treatment. Muscle cramping/spasming, urge to move, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, energy shifts, memories.

____ You affirm that you notified your massage therapist/trainer of all known medical conditions/injuries. You agree to inform them of any changes in my health/medical condition. You understand there shall be no liability on the therapist/trainer's part if you forget to do so.

You acknowledge that you have carefully read and understood this waiver and release and fully understand that it is a release of liability. By signing this release, you hereby release your trainer/therapist and *The Movement Training Company, LLC* from any and all liability, past, present and future relating to movement/exercise training, myofascial release, and manual therapy, negligence, or any other personal injury or property damage or loss action.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

Client/Participant's Signature - Date

Print Name