

Your Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Day: _____ Evening: _____

Occupation: _____

Email: _____

How did you hear about us? _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Email: _____

Your Medical History

Have you had or have any of the following conditions?

- High blood pressure
- Diabetes
- Asthma or breathing difficulties
- Recent/sudden weight gain or loss
- Are you currently pregnant
- Any problems with balance
- If you are a female over the age of 45, have you had a recent bone density scan

Any current or history of neck or back pain? Please describe:

Major surgery? Please describe: _____

Any bone or joint problems that you are aware of?

Are you currently on any medications?

Please describe any medical conditions or injuries you had that are not listed above, that may affect your ability to exercise in any way:

Your Exercise History

Have you had any experience with Gyrotonic®/Gyrokinesis® exercises? If so, with whom have you been studying and for how long

What other forms of exercise have you practiced

Please describe your current exercise activities

Do you have any injuries or physical conditions that limit your movement? Please include any surgeries, broken bones or other procedures that may help us in designing your training program:

Please describe any areas of muscle weakness, tension or soreness:

What are your personal physical fitness goals?

Release of Liability

I understand that Gyrotonic®/Gyrokinesis exercises have inherent risks that, despite reasonable precautions, could lead to serious injury. I acknowledge and assume the risk and further agree to follow prescribed and posted safety procedures, follow safety rules and follow the directions of the instructor.

I understand that I am employing Body Connection Studio for the purpose of instruction. In consideration of this instruction, I hereby release Body Connection Studio and its staff, and agree to hold them harmless from any and all liability, claims, damages, actions, irrespective of how arising and however caused, including, but not limited to, all kinds and degrees or extent of negligence with which Body Connection Studio and its staff may be charged in connection, directly or indirectly, with those volunteering to be a demonstration patient.

I further agree to disclose in writing, all of my physical and medical conditions, limitations and sensitivities, and agree to release and hold Body Connection Studio and its staff harmless from any liability, claims, damages, action and causes of action in any way relating to or arising from said conditions, limitations, or sensitivities.

I further agree that Body Connection Studio and its staff shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of, or connected with, the use of any or its services, facilities, or equipment. I hereby release and discharge Body Connection Studio and its staff from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of Body Connection Studio and its staff.

Print Name: _____

Signature: _____

Date: _____

Financial Responsibility Agreement

I am financially responsible for the payment of my Gyrotonic®/Gyrokinesis lessons on the day of the appointment. In addition, I agree to give 24 hours notice for the cancellation or all appointments. Should I fail to give at least 24 hours notice, I agree to pay for the missed lesson.

Print Name: _____

Signature: _____

Date: _____