ESSENTRICS™ workout

Intake and Waiver Form

Name:_____**D.O.B:**_____

Address:_____

Phone(Home):_____**Phone (Cell):**_____

Email:_____

Emergency Contact:_____**Phone:**_____

Would you like to be on my Essentrics® mailing list and Newsletter? (I will not share your information with anyone): Yes____ No____

What is your goal in practicing Essentrics®:

____Stress reduction	____Overall sense of well-being	____Increased endurance
____Improved Flexibility	____Weight management	____Injury prevention
____Increased Strength	____Pain management	____Other_____

Are you currently experiencing any of the following medical conditions? (check & circle)

____ High/ Low Blood Pressure	____ Digestive / Urinary Problems
____ Respiratory / Circulatory Problems	____ Muscular / Tendon / Joint Injury or Pain
____ Neck / Back / Spine Injury	____ Vision / Hearing Loss
____ Dizzy spells / Fainting / Epilepsy / Seizures	____ Arthritis
____ Menopause / Pregnancy	____ Depression, Anxiety / PTSD
____ Headaches / Chronic Pain / Fatigue	Details and / or Other: _____

List or describe all other medical conditions, physical limitations, surgeries, health concerns and medications that you are currently using and the reason for taking them: _____

_____

Release and Waiver (REQUIRED)-THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Please consult your physician prior to starting an exercise or fitness program. To the best of your knowledge you are in good physical and mental condition and capable of participating in this Essentrics® class. You are not aware of any physical or mental illness or injury that prevents you from participating in Essentrics®. _____ **(Initials)**

You, the client, are aware that there are risks associated with participating in Essentrics®. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in Essentrics®. You and your heirs, next of kin, executors, administrators and assigns agree: (a) to waive all claims, known or unknown, that you have or may have in the future against Lynne Loiselle and the hosting facility, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees;(b) that Lynne Loiselle is not liable or responsible for any damage to, loss or theft of your property; (c) to release and forever discharge Lynne Loiselle from all liability for any personal injury, death, property damage or loss resulting from your participation in Essentrics® classes due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Lynne Loiselle; and (d) to be liable for and to hold harmless and indemnify Lynne Loiselle from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in Essentrics® classes.

_____ _____

Signature Date