

YOGA DUDE FITNESS

CLIENT INTAKE FORM

Participant Release and Acknowledgment of Agreement

I, _____, wish to participate in the exercise and training program offered by Yoga Dude Fitness. I understand there are inherent risks in participating in any exercise program; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I further agree that Yoga Dude Fitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Yoga Dude Fitness from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

I understand that Yoga Dude Fitness will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Yoga Dude Fitness shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge Yoga Dude Fitness from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the client intake form are true and complete to the best of my knowledge. I understand and agree that it is my responsibility to inform Yoga Dude Fitness of any condition or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform Yoga Dude Fitness.

I have read and understand this term: _____ (initial)

I understand that the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

Client signature: _____ Date: _____