



Aligned Fitness

(408)-691-2829
14855 Oka Road
Los Gatos, CA 95032

PLEASE HAVE THIS FORM PRINTED AND FILLED OUT FOR YOUR FIRST APPOINTMENT

This posture therapy, corrective exercise and personal training agreement is entered into by and between Aligned Fitness and the client, as identified below, under the terms provided herein. Aligned Fitness agrees to a consultation and/or appointment with Client, only upon Client agreeing to provide in full the following information, and upon Client acknowledging and accepting any and all potential risks associated with posture therapy and corrective exercise. This agreement will assist Aligned Fitness to provide Client with optimal care and a beneficial experience.

I. Contact Information

Client Name: _____ Sex (M/F) _____

Address: _____ Height: _____ Weight: _____

City, State, Zip: _____ Birthdate: _____ Age: _____

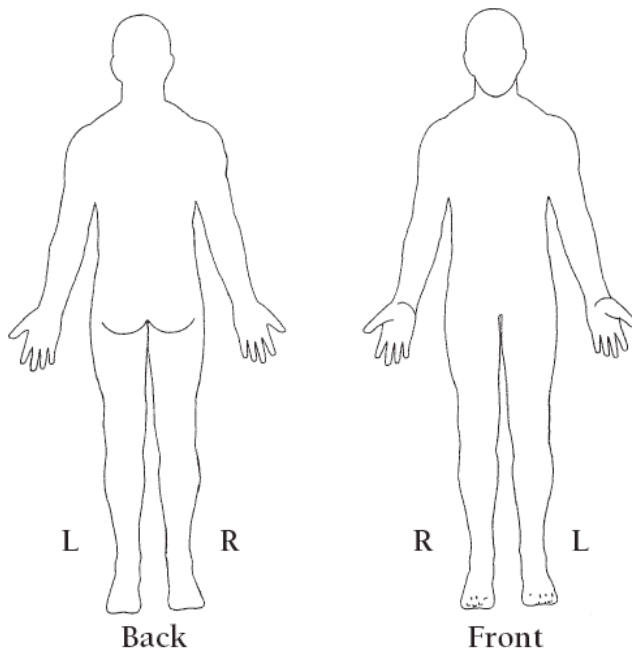
Phone: _____ Alternate Phone: _____

Email: _____ Occupation: _____

How did you find out about Aligned Fitness? _____

II. Client Information

Please note any areas of discomfort, pain or concern by marking the diagram below:



Please elaborate on any of the areas marked above noting where it hurts, if the pain changes locations and if there is a specific time of day it occurs most frequently:

What positions or activities reproduce this pain most frequently?

When the pain comes on, what do you do for relief? Are there any positions or exercises that seem to provide relief?

If there are any related injuries or suspicions about the origins of the problems listed above, please elaborate:

List any physical activities you participate in regularly:

List any activities you'd like to be able to do:

List any physical activities you are unable to perform or seem difficult for you:

Please list any previous surgeries or medical conditions you may have:

Please list any medications/herbs/vitamins that you are currently taking with an explanation of the purpose:

What are the main goals you hope to achieve with Aligned Fitness?

III. Notices, Acknowledgements and Representations:

Aligned Fitness is non-medical and therefore, not a medical, chiropractic or physical therapy care provider and does not perform any services requiring a physician's or other license. Aligned Fitness, Lisa Decker, and all other employees of Aligned Fitness do not diagnose or treat medical conditions. Because physical exercise can be subject to risk of injury, Aligned Fitness maintains that you obtain a physical examination from a licensed medical practitioner before participating in any exercise activity. You (client) agree that if you engage in any activity or use any club amenity you do so entirely at your own responsibility and risk. Any recommendations for changes in diet, supplements, or weight reduction are entirely your responsibility and you should consult a physician prior to undergoing any dietary changes. You agree that you are voluntarily participating in all activities, exercises and use of the Aligned Fitness and Addison-Pensak JCC facilities and premises and you assume all risks of injury or illness.

Client understands that personal responsibility is a large component of postural therapy and personal training and therefore agrees to assume liability for any and all consequences of actions during therapy sessions and while doing exercises on own or with Aligned Fitness. I agree to inform Lisa Decker or any other employee of Aligned Fitness if any movement, exercise, or any direct physical contact feels dangerous or painful to the body. I agree to forgo the movement and not proceed further. I understand that therapeutic activities must be adjusted to physical limitations and therefore will inform Aligned Fitness of any physical limitations and will not undergo any exercise or movement I am not comfortable with.

This waiver and release of liability includes without limitation all injuries which may occur regardless of negligence as a result of (a) your use of all amenities and equipment and your participation in any activity, program, exercise or instruction (b) the sudden and unforeseen malfunctioning of any equipment, fixture or device (c) any instruction, training, supervision or dietary recommendations and (d) your slipping and/or falling while in the fitness center or premises including sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" form and fully understand that it is a release of liability. You agree to release and discharge Aligned Fitness and the APJCC fitness center and all its affiliates, owners and employees of all claims or causes of action and you agree to voluntarily give up or waive any right that you may have to bring a legal action against Aligned Fitness or the APJCC for negligence, personal injury or property damage.

Cancellation and Refund policy: Prepaid sessions can be used at any time while Aligned Fitness remains in business. There are no cash refunds. Individual training and postural alignment sessions can be cancelled with no incurred charge by giving a 24 hour notice by phone or email. If a 24 hour notice is not given, sessions will be charged at the full rate. Partner or group training sessions that have been scheduled are non-refundable regardless of prior notice.

I acknowledge that Aligned Fitness and Lisa Decker do not have a medical license and cannot provide to me medical advice relating to my physical condition and ability to use the facilities. If I have any health or medical concerns now or in the future, I will discuss them with my doctor and receive a medical release before engaging with Aligned Fitness and the APJCC.

Printed client name: _____

Client signature: _____

Aligned Fitness Signature: _____

Date: _____