



FOR STAFF USE	
DB _____	CLS _____

## CUSTOMER INFORMATION & RELEASE

All information is confidential and will be used only by MoveStudio employees and instructors.

Please **PRINT** legibly and complete all fields.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_

*E-mail is the only way (outside the studio) that we alert you of cancellations, schedule changes, holiday and inclement weather closings, as well as new classes, workshops and events. Your address will never be sold or rented to outside parties. By providing your address you are opting in to receive a brief e-mail newsletter approximately once a week.*

Phone (Mobile) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Birthday \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

### How did you find out about MoveStudio?

- Drive-by/saw the studio/live in neighborhood
- Referral by friend/family/acquaintance (Who? \_\_\_\_\_)
- Internet (Which site/search engine? \_\_\_\_\_)
- Other (Please specify: \_\_\_\_\_)

**Are you:**     Male     Female     Senior (65+)     Minor (<18)

Do you have any **injuries, disabilities or conditions** (including pregnancy) that in your judgment may limit (to any degree) your ability to participate in physical activities?     Yes     No

Please explain: \_\_\_\_\_

*If yes, please also fill out a Client Health Profile form, and inform each instructor of your condition(s) so that she/he may suggest appropriate precautions. However, we are NOT medical professionals, and you should check with your physician or healthcare provider about the appropriateness of specific activities for your condition.*

### RELEASE AND CONSENT

With full awareness of my own physical condition and the risks involved, I am voluntarily participating in vigorous physical activities that may include the use of physical conditioning equipment and infrared sauna at MoveStudio, Inc. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. I fully understand that my participation in these activities may result in serious injury. I assume all risks connected therewith and consent to participate in said activities. Furthermore, I hereby release MoveStudio Inc., as well as its instructors, agents, representatives, employees, contractors, successors and assigns, from liability for any injury or illness I may incur, now or in the future, as a result of participating in these activities or as a result of any negligent act or omission. I also grant permission for MoveStudio Inc. to use any photographs or video taken with my knowledge at MoveStudio in which I may appear for promotional purposes including use on the MoveStudio website.

**I have read and understood, and agree to be bound by, the above statement.**

**SIGN  
HERE ►**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date