



Name	Date of Birth
------	---------------

Street Address	City	State	Zip
----------------	------	-------	-----

E-mail	Phone
--------	-------

What is the best way to communicate with you? Phone E-Mail Text

Would you like to receive appointment reminders? Yes No If yes, by: Email Text

Would you like to receive email newsletter, sent once a month? Yes No

Occupation	Emergency contact	Phone
------------	-------------------	-------

How did you hear about Centerline?
 Referred by _____ Please share their name so we can properly thank them!
 Internet Facebook/Instagram Other: _____

Primary Reason for your visit today: _____

Exercise, hobbies, and activities _____

What are your movement and fitness goals? _____

In what ways would you like to improve your daily life? _____

What are your areas of discomfort, stress, or tension and what helps alleviate those sensations?

Tell us a bit about your vision: _____

Please describe any vestibular issues you are currently experiencing or have experienced in the past.

List any injuries and/or surgeries, including any minor accidents/trauma resulting in pain, numbness, or decreased use of your body _____

List any medical conditions, including infectious diseases. _____

List your current medication(s) _____

Wellness & Training Release Form

Because physical exercise can be strenuous and subject to risk of serious injury, Centerline Movement, LLC ("Centerline Movement") and your personal trainer urges you to obtain a physical examination from a doctor before beginning any exercise or training program.

I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from my intended use of any amenities and equipment in the facility or any off site location and/or my intended participation in any activity, class, program, personal training or instruction. I acknowledge that Centerline Movement did not give me any medical advice relating to my physical condition and/or ability to use any amenities and equipment in the facility and any off site location and/or to participate in any activity, class, program, personal training or instruction before such use or participation. If I have any health or medical concerns now or before such use or participation in the future, I will discuss them with my doctor and advise Centerline Movement regarding such health or medical concerns immediately and fully. I agree that by participating in these physical exercise sessions or personal training activities, I do so **entirely at my own risk**. I am voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury. This includes, without limitations, any physical or emotional injury, including death, and loss or damage to my personal property.

I agree that Pilates, TRX Suspension Training™, Functional Movement, and GYROTONIC® Training, resistance training, flexibility training and related exercise and training activities are inherently dangerous activities in which participants and other individuals are under constant risk. I am fully aware of the potential dangers of engaging in exercise activities (such as Pilates, TRX Suspension Training™, Functional Movement, and GYROTONIC® Training, resistance training, flexibility training, weight lifting, cardiovascular exercise, group exercise classes, and other exercise activity and massage therapy). In consideration of permitting me to use any amenities and equipment in the facility and any off-site location and/or to participate in any activity, class, program, personal training, wellness training or instruction, I agree to voluntarily release from and assume all liability and damages, and agree to indemnify, defend, and hold harmless Centerline Movement and its members, directors, officers, employees, independent contractors and representatives (including attorney's fees and costs) for any death, physical or emotional injury or loss or damage to personal property damage suffered by any person, including myself, caused by or resulting from on in connection with, whether in whole or in part: (a) use of any amenities and equipment in the facility and any off-site location and/or participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; or (c) any instruction, training, supervision, or dietary recommendations received from Centerline Movement, even if such death, injury, loss or damage is caused by Centerline Movement's own negligence.

If any portion of this Release shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this Release shall remain in full force and effect and the offending provision or provisions severed here from.

I acknowledge that I have carefully read this release. I fully understand that it is a release of all liability. In addition, I waive any right that I may bring a legal action or assert a claim for death, injury, loss or damage of any kind against Centerline Movement, LLC (including its members, directors, officers, employees, independent contractors and representatives), as the result of negligence or otherwise arising out of or relating to my participation in any of the activities, or use of the equipment, facilities, or services Centerline Movement provides.

Print Name of Participant: _____ Date: _____

Signed: _____ Date: _____

Print Name of Parent/Guardian Signing If Participant is a Minor: _____