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CLIENT INFORMATION & RELEASE

All information is confidential being used only by Pure Movement Portland employees.
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 schedule changes, holiday closings and new classes, workshops and events. You will receive a brief e-mail update once a month, and your address will not be sold or used for any other purpose.

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Birthday \_\_\_\_\_

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

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

How did you find out about Pure Movement Portland?

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

Are you: Male Female Senior(55+) 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

No Please explain: \_\_\_\_\_

If yes, please also submit 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

I, \_\_\_\_\_, being aware of my own physical condition and the risks involved, am voluntarily participating in vigorous physical activities that may include the use of physical conditioning equipment at Pure Movement Portland. 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 Pure Movement Portland, 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 have read and understood, and agree to be bound by, the above statement.

SIGN HERE \_\_\_\_\_ SIGNATURE DATE \_\_\_\_\_