

**Master Moves Studio
Adult Intake Form & Release of Liability**

Date:

The following information will be held in strict confidence. To help us be effective in working together, please be as specific as possible. Thank you.

Name: _____

Phone: _____

Address: _____

Email: _____

Occupation/Employer: _____ Work Phone: _____

Birth Date: _____ Height: _____ Weight: _____

Referred by: _____

Person to contact in an emergency & Phone #: _____

HEALTH HISTORY:

*Please describe any surgery, accident, or muscular/skeletal problem or pain that has required medical care:

*Please list any assistive devices/ physical aides you use such as a back lumbar roll, back support, cane, leg/knee brace:

*Hand Dominance: ___ Right ___ Left

Please indicate areas of concern:

Arms/Wrists/Hands, R or L: _____

Back: (Upper/Middle/Lower): _____

Neck: _____

Shoulders: _____

Hips, R or L: Legs, R or L: _____

Knees, R or L: _____

Feet, R or L: _____

General Stress: _____

Activity Level - List stress reduction and exercise or sport activities and frequency:

DISCLAIMER

Master Moves Studio/ Sharadamba Kota is not a substitute for professional medical advice or a medical exam. You should regularly consult a doctor in all matters relating to physical or mental health, particularly concerning any symptoms that may require diagnosis or medical attention. As with any exercise or health-related program or activity, you should seek the advice of your physician or other qualified health professional before participating in any functional synthesis or movement lesson.

Master Moves Studio/ Sharadamba Kota make no warranties or guarantees concerning any particular outcome, result, or improvement from participation in functional synthesis and/or movement lessons. Master Moves Studio/ Sharadamba Kota are not responsible for any direct, indirect, consequential, special, or other damages, including, but not limited to, economic loss, injury, or illness, that may result from participation in functional synthesis and/or movement lessons.

Please initial the following and sign below

_____ I understand that the lessons given by the Master Moves Studio practitioner (hereafter the "Practitioner") are a way to open doors to new possibilities of movement and are educational only. They are not medical and do not take the place of appropriate medical care.

_____ I agree to let the Practitioner know immediately if I experience any discomfort or increased discomfort and

_____ I affirm that I have notified the Practitioner of all known medical conditions and injuries and will inform her of any changes in my health and medical condition.

_____ I understand that I am responsible for giving at least 48 hours notice for any cancellation; otherwise, I am still responsible for payment for the missed lesson.

_____ In exchange for the ability to participate in these lessons, I hereby remise, release, and forever discharge Master Moves Studio, as well as their agents, from all manner of actions, suits, proceedings, judgments, damages, claims, and demands in law or equity, which Releasor has or may have as a result of lessons or other services, supplies or instructions provided by or on behalf of Master Moves Studio.

Client's Signature: _____
Client's Name (Printed) _____ Date: _____