



June Kahn Bodyworks, LLC
Professional Fitness and Pilates Training

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I, _____, through the purchase of Pilates & Private Based sessions, have agreed to voluntarily, participate in an exercise program, including, but not limited to Pilates Method programming, Functional Core strength training, flexibility development and aerobic exercise, under the guidance of the June Kahn, CPT. I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program.

I understand and am aware that physical-fitness activities, including Pilates & other equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the June Kahn. I am aware that potential risks associated with the types of activities include, but are not limited to the following: death; fainting; disorders in heartbeat; serious neck and spinal injuries that may result in complete or partial paralysis or brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; and serious injury or impairment to other aspects of my body, general health and well-being.

I understand that I am responsible for my own medical insurance. I will assume any additional expenses incurred that go beyond my health coverage if necessary. I will notify June Kahn of any significant injury that requires medical attention (such as emergency, care, hospitalization, etc.)

Although June Kahn Bodyworks, LLC will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur during training sessions. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators and assigns, waive and release any and all claims against June Kahn Bodyworks LLC and any of their staff, officers, officials, volunteers, sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or

losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with June Kahn Bodyworks LLC.

I represent and warrant I am signing this agreement and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF JUNE KAHN BODYWORKS, LLC, I HEREBY AFFIX MY SIGNATURE HERETO.

Clients Name (please print clearly)

Client's Signature _____ Date _____

Client's Address _____

Parent/guardian signature (if applicable) _____

SIGN UP / CANCELLATION POLICY

I understand and agree if I choose to sign up or cancel any service that:

There is a 24-hour cancellation notice. ALL SERVICES offered and signed up for must be cancelled at least 24 hours in advance to receive a credit refund. (Unless otherwise approved by June Kahn)

REFUND POLICY

I, understand and agree June Kahn Bodyworks, LLC does not give dollar refunds. If a service is cancelled according to the cancellation policy, a credit refund is given.

Print Name: _____

Address/City/State: _____

Cell Phone: _____ **Email:** _____

Sign Name: _____

Date: _____

HEALTH HISTORY

For us to better understand your health and fitness needs, please take a few minutes to complete this form.

PHYSICAL GOALS & HISTORY

1.) What specific health or fitness goals do you hope to achieve through participating in the Pilates Method?

2.) Please List all current and previous activities/sports you have participated in & when. What was your favorite & why?

3). Describe your present physical condition.

4). Describe your physical history listing injuries, ailments, illnesses, surgeries, pregnancies and any significant medical treatments Check all body parts that are involved. Where appropriate, please specify Right (R) or Left (L)

_____ Head

_____ Arm

_____ Leg

_____ Neck

_____ Hand

_____ Knee

_____ Upper Back

_____ Ribs

_____ Ankle

_____ Middle Back

_____ Abdomen

_____ Foot

_____ Lower Back

_____ Hip

_____ Shoulder

_____ Pelvis

DESCRIBE:

ANYTHING ADDITIONAL YOU WOULD LIKE TO ADD:

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