

New Client Intake Form and  
Waiver of Liability, Policies and Informed Consent Release

To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. **PLEASE PRINT CLEARLY.** Thank you!

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_

The studio sends a newsletter every other month with updates, specials, and new offerings. \* **Would you like to receive *InsideOut's* newsletter?**  YES  NO

**How do you prefer to receive appointment and class notifications?**  Text  Email  Text and Email  
*Notifications include: appointment confirmations and reminders, class waitlists, series 1-month expiration notices and birthday credit.*

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW DID YOU HEAR ABOUT *INSIDEOUT BODY THERAPIES*? (Check one)

Internet  Indy Week  Other: \_\_\_\_\_  
 Referral: \_\_\_\_\_

Today's scheduled Service:

Pilates  Pilates-Based PT  Infrared Sauna  Massage Therapy  Roling® Structural Integration  
 TRX® Personal Training.  Acupuncture  Yoga Therapies Other \_\_\_\_\_

What are your fitness and health goals?

\_\_\_\_\_  
\_\_\_\_\_

1. Please list all previous and current physical activities/exercise?

\_\_\_\_\_  
\_\_\_\_\_

2. Describe your present physical condition. Do you currently experience pain?

\_\_\_\_\_  
\_\_\_\_\_

3. Please list any significant injuries, surgeries, medical treatments, ailments, pregnancies, or illnesses. Check all body parts that are involved and indicate (R) right or (L) left, where appropriate.

\_\_\_ Head/Neck. \_\_\_ Arm/Elbow \_\_\_ Upper Back \_\_\_ Abdomen \_\_\_ Knee  
\_\_\_ Shoulder \_\_\_ Hand \_\_\_ Mid/Low Back \_\_\_ Hip/Pelvis \_\_\_ Foot/Ankle  
\_\_\_ Low/High Blood Pressure \_\_\_ Fibromyalgia \_\_\_ Osteoporosis / Osteopenia

Other: \_\_\_\_\_

Practitioner Notes:

**Studio Policies: Please read carefully and initial beside each.**

**24-hour Cancellation Policy:**

Late cancel fees apply to no-show appointments and late cancelled appointments and classes. We understand that life happens, and that emergencies and illness are unavoidable. Please give the studio and your practitioner as much notice as possible so that we can try to fill the hour. Please speak to your practitioner or the front desk for late cancel fee details. Fees differ between classes and appointments. Late cancellations or missed session fees will only be waived for emergency issues. **Please initial:**

**Late cancel fees:** I have read and understand the late cancel policy. **Please initial:**

- *Physical Therapy, Pilates, Personal Training, Rolfing® / SI session and Classes late cancel fees: Full charge or current package rate.*
- *Massage and Acupuncture: \$50*

**Package Expiration Policies**

**All packages have a six-month expiration date.** Email notifications are sent out one month prior to expiration. Please be sure to provide an email that you check regularly. **Please initial:**

**Refund Policy:**

30 day Return policy – Clients can request a refund on unused packages or services within 30 days of purchase minus a 5% transaction fee. **Please initial:**

**Waiver of Liability and Informed Consent Release** *Please read and sign and date below.*

- I understand that both in studio and virtual classes, appointments, and wellness services at times may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.
- I agree that InsideOut Body Therapies (IOBT) is in no way responsible for the safekeeping of my personal belongings.
- I understand that a medical evaluation is advisable before beginning any program of physical conditioning or exercise. I have or will continue to keep InsideOut Body Therapies, LLC informed of any physical condition or disability, which would prevent or limit my participation in an exercise, physical conditioning, and/or bodywork. I acknowledge that, although the program I participate in may have substantial physical benefits, neither InsideOut Body Therapies, LLC (IOBT) nor its employees or contractors are engaged in diagnosing or treating medical diseases or deficiencies, nor do sessions serve as a substitute for medical diagnosis or treatment when such attention is needed.
- Because Body Therapies have contraindications (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- Sauna Therapy: I have read and understand that there are risks to Sauna use. I understand that there are physical contraindications for sauna use and Infrared Sauna Therapies. I have been given and understand the contraindications infrared sauna use.
- I expressly assume all risks of participation in the exercise, bodywork and sauna therapy programs at InsideOut Body Therapies, LLC. I recognize that though many positive changes can occur as a result of exercise and bodywork there is the possibility of negative side effects including possible short-term aggravation of some symptoms, tiredness, light-headedness, increased energy, mood changes, etc. I understand that I am responsible for attending classes at the appropriate level of difficulty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or consenting adult if a minor: \_\_\_\_\_