

CLIENT INFORMATION

Name: _____ Date: _____

Street Address: _____ Date of Birth: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Phone Number: _____

PHYSICIAN CONTACT INFORMATION

Physician Name: _____

Phone Number: _____

HEALTH HISTORY

Name: _____ Date: _____

Please complete the following HEALTH HISTORY so that we may design a safe and effective exercise program for you. It is important that you answer all the questions honestly and to the best of your ability.

All of the information will be kept confidential.

I. Please indicate your answer by checking "Yes" or "No" for each question.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you lose your balance because of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you know of any reason why you should not do physical activity? |

If you checked yes to one or more of the above questions, we recommend that you consult your physician regarding your decision to participate in GYROTONIC® and/or yoga lessons.

II. Have you injured, or do you have pain, in any of the following areas?

- | | | | |
|---|-------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Hips | <input type="checkbox"/> Elbows |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Knees | <input type="checkbox"/> Wrists |
| <input type="checkbox"/> Currently undergoing treatment for a bone or joint problem | | | |

Please provide date of injury and explain what kinds of movements exacerbate your pain:

III. Check if you have any of the following conditions

- | | | |
|---------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis |
|---------------------------------|-----------------------------------|------------------------------------|

If you checked any of the above, please explain:

IV. Please explain other health reasons that may limit or prevent you from exercising:

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

convergence dance & body center

I hereby agree to the following:

1. The I am participating in lessons that include GYROTONIC® method and GYROKINESIS® exercises. I am participating under the instruction of teachers of Convergence Dance & Body Center. I recognize that GYROTONIC® method GYROKINESIS® exercises require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the GYROTONIC® method and GYROKINESIS® lessons. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the exercise lessons.
3. In consideration of being permitted to participate in GYROTONIC® method and GYROKINESIS® lessons, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in GYROTONIC® method and GYROKINESIS® lessons, I knowingly, voluntarily, and expressly waive any claim I may Convergence Dance & Body Center for injury or damages that I may sustain as a result of participating in the lessons.
5. I, my heirs or legal representatives, forever release waive, discharge and covenant not to Convergence Dance & Body Center for any injury or death cause by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

As Legal Guardian of _____, I consent to the above terms and conditions (if participant is under 18).