



# Client Information Form Consent for Training & Waiver of Liability

(Ver. August 12, 2021)

**Hello! We're pleased to welcome you to our studio. The information below helps us provide movement training tailored to your needs and goals.**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Birthdate** \_\_\_/\_\_\_/\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_ **Zip** \_\_\_\_\_

**Phone #** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_

We will use your email to send you appointment confirmations and reminders.

You may opt out of receiving emails at any time. We do not share contact information with third parties.

**Would you like to subscribe to our email list for studio news and announcements? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**What activities or workouts do you currently engage in? How often?** \_\_\_\_\_

**Have you taken any of the following types of training in the past? (please check all that apply)**

Gyrotonic Method \_\_\_\_\_ Yoga \_\_\_\_\_ Pilates \_\_\_\_\_ Dance \_\_\_\_\_ Gymnastics \_\_\_\_\_ Tai Chi/QiGong \_\_\_\_\_

For how long, how recently and where did your training take place? Your best recollections are fine.

**Are there any physical or health issues that you are concerned may limit or affect your training? (E.g. injuries, aches, pains, surgeries?)** \_\_\_\_\_

**What training goals do you have in mind that we can help you meet? Goals might include: coordination, flexibility, strength, work through injury: or things like wanting to garden for as long as possible, or wanting to address tension or postural imbalances.** \_\_\_\_\_

**\*\*IMPORTANT - Please Read and Sign On Reverse\*\***



**General Seattle Changing Room Policies & Etiquette**

(Please read and acknowledge by initialing.)

**Cancellation** – All cancellations for classes and private sessions made with less than 24-hour notice will be charged in full, except in case of illness or medical emergency. \_\_\_\_\_ (Initial)

**Expiration Dates** – Service and service packages are useable within specific lengths of time (1 month to 1 year, depending on the package). Please check posted expiration dates for packages to select the best option for your schedule. \_\_\_\_\_ (Initial)

**Late Arrivals** – Sessions begin and end at the times for which they are scheduled. \_\_\_\_\_ (Initial)

**Privacy** - Seattle Changing Room understands that you value your privacy and wish to have your personal information kept secure. We aim to collect personal information only if it is relevant and necessary to providing the service or product you have requested from Seattle Changing Room. We will only hold credit card information in our secure server if you give your permission. We are committed to maintaining the security and confidentiality of the data you provide us and we will take all reasonable precautions to protect your personal information from unauthorized disclosure, use or alteration. \_\_\_\_\_ (Initial)



**Consent for Training and Waiver of Liability**

I realize that there are benefits and risks associated with movement training and hereby attest that I am voluntarily participating in movement training including, but not necessarily limited to Gyrotonic, Gyrokinesis, and yoga in-studio at Seattle Changing Room and/or virtual online training offered by Seattle Changing Room, either via livestream or by video-on-demand. I understand that there is no implied or stated guarantee of success or effectiveness of an individual technique or series of appointments. I acknowledge that movement training is not a substitute for medical care. I understand that by signing below I release Seattle Changing Room and its owners, agents, assigns, members, managers and trainers from liability for accidents or injury incurred on premises and/or the location in which I participate in virtual training, whether due to participation in movement training, travel to and from the studio or condition of facilities, and that I waive on behalf of myself, my heirs, executors, administrators, assigns or personal representatives any and all rights, claims, or causes of action of any kind for any physical or psychological injury that might result from my participation in movement training, I understand that I am financially responsible for costs incurred to treat any such accidents or injury, and that health insurance is my responsibility.

By signing below, I acknowledge that I understand and agree to both the “Consent for Training and Waiver of Liability” and the other “Seattle Changing Room Policies” contained in this document.

\_\_\_\_\_  
Client/Parent or Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date



## COVID-19 Policies & Commitment

Seattle Changing Room is committed to the health and wellbeing of all. Our COVID-19 policies are in place to protect our instructors, our clients and our communities. We thank you for your cooperation and commitment.

- Please cancel your appointment and do not come to the studio if you have tested positive for COVID-19, are experiencing any COVID-19 symptoms or have had close contact with a confirmed case of COVID-19.
- Please observe current masking and social distancing policies. Policies may change depending various factors, including but not limited to vaccination status, virus characteristics, and time of year.
- Visit our sanitation station at the front entrance for symptom monitoring and a temperature check.
- Please wash or sanitize your hands upon arrival.
- Policies may change and will be communicated as needed. Please adhere to updated policies.

**\*\*IMPORTANT - Please Read and Sign Below\*\***

By signing below, I affirm the following:

- I am voluntarily participating in movement training and/or other activities at Seattle Changing Room.
- I have read and fully understand Seattle Changing Room COVID-19 policies described above and consent and commit to comply with said policies which I understand are for my protection and the protection of all instructors, staff and visitors to the studio.
- I understand that there is always risk of contracting influenza such as COVID-19 and assume the risk of participating in any activities at Seattle Changing Room and on behalf of myself, my heirs, executors, administrators, assigns or personal representatives release Seattle Changing Room, its owners, agents, assigns, managers and trainers from any liability now or in the future, if I contract any influenza such as COVID-19, however caused, occurring during or after participation in activities at Seattle Changing Room.

\_\_\_\_\_  
Client/Parent or Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name