

Form Body Lab - Client Intake Form

Today's date: _____

First Name: _____ Last Name: _____

Care Card#: _____ D.O.B(MM/DD/YYYY): _____

Cell: _____ Home: _____ Work: _____

Address: _____

Postal Code: _____

Email: _____ Occupation: _____

Family Doctor and Clinic Name: _____ Family

Doctor Phone #: _____

Emergency Contact Name and Relationship: _____

Emergency Contact (Home P#): _____ (Cell P#): _____

Who referred you to us? _____

We would like to thank them, do we have your permission to send them an email? Y / N

Email of Referral: _____

Please check all interests that apply to you:

RMT Massage Physiotherapy Acupuncture

Shiatsu Clinical Pilates

Pilates Yoga Naturopathic Medicine

Other _____

FORM BODY LAB

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT (“Agreement”)
PLEASE READ THIS AGREEMENT CAREFULLY. BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

To: **Form Body Lab Ltd., Stellar Properties Ltd.** and their directors, officers, employees, agents, independent contractors, supplies, successors, assigns and representatives (“Releasees”).

Definition: In this Agreement, the term “Wellness Activities” shall include all activities, classes, instruction and services provided, arranged, organized, conducted, or authorized directly or indirectly by or on behalf of any one or more of the Releasees and shall further include, but is not limited to: yoga and pilates classes or individual sessions, use of any equipment provided by one or more of the Releasees (“Equipment”) and any other activities, classes, instruction and services in any way connected therewith.

PAR-Q and Medical Clearance

- A. I certify that my responses on the PAR-Q form are true and complete to the best of my knowledge. INITIAL: _____
- B. I acknowledge that medical clearance is strongly recommended if I have answered “yes” to any of the questions on the PAR-Q form. INITIAL: _____
- C. I acknowledge that I have answered “yes” to one or more questions on the PAR-Q form and I have been advised by the Company to seek medical clearance. I am aware of my limitations and have decided to participate in Wellness Activities without seeking medical advice. I am aware that this may place me at greater risk of injury and assume any additional risk. INITIAL (if applicable): _____ INITIAL (if not applicable): _____

Assumption of Risks

I am aware that participating in Wellness Activities involves risks, dangers and hazards that include, but are not limited to: mechanical failure of any Equipment; improperly adjusted or maintained Equipment; negligent design or manufacture of Equipment; health risks including, but not limited to, overexertion, dehydration, fatigue, heart attack, stroke, strains/sprains, broken bones, shin splints, joint injuries; and **NEGLIGENCE AND GROSS NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO PROTECT OR SAFEGUARD ME FROM THE RISKS, DANGERS, AND HAZARDS (a) OF PARTICIPATING IN WELLNESS ACTIVITIES REFERRED TO ABOVE AND (b) ASSOCIATED WITH THE USE OF, OR FAILURE TO MAINTAIN, THE EQUIPMENT. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

Release of Liability, Waiver of Claims and Indemnity

In consideration of the Releasees agreeing to my participation in Wellness Activities and permitting my use of their services, Equipment and facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Releasees **AND TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in Wellness Activities or use of the Equipment, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE AND GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE

OWED UNDER THE *OCCUPIERS LIABILITY ACT R.S.B.C. 1996 C.337* ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE WELLNESS ACTIVITIES REFERRED TO ABOVE;

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in Wellness Activities and use of the Equipment and for all costs incurred by the Releasees in relation to the enforcement of the Agreement;
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, successors, assigns and representatives in the event of my death or incapacity;
4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in Wellness Activities, other than what is set forth in this Agreement. I confirm that I have read and understood the Agreement and that I have had reasonable opportunity to obtain legal advice prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

Print Client Name:

Print Witness Name:

Date

If Client is a minor, provide Parent/Guardian name and signature

Cancellation and Policies for Form Body Lab

At Form Body Lab, we strive to see clients in the most timely and efficient manner, adhering to scheduled appointment times.

In the event that you are unable to keep your scheduled appointment with us, please contact us by phone or email at least 24 hours prior to your appointment. If you do not reach us via phone, please leave a message on our voice-mail system. If we do not hear from you within this time frame, and you do not keep your appointment, you will be charged the full amount of the scheduled appointment.

No - Shows

If you forget or choose to forgo your appointment, you will be charged in full for your missed appointment.

Late Arrivals

If you arrive late, your session will be shortened in order to accommodate others whose appointments follow yours. Your therapist / instructor, due to the demands of the schedule, cannot go over your scheduled appointment time. Depending upon how late you arrive, your therapist /instructor will then determine if there is enough time remaining to start. Regardless of the length of treatment actually given, you will be responsible for the full amount of the scheduled session. Out of respect and consideration to your therapist and other clients, please plan accordingly and arrive early for your appointment.

Return and Refund Policy for Memberships

All memberships and packages are non refundable and non transferable.

We thank you for your consideration as we continue to offer the highest level of client care.

Form Body Lab Team

I have read and understood Form Body Lab's

Cancellation Policies Date: _____

Signed: _____

Print Name: _____