



FORM BODY LAB NEW CLIENT INTAKE FORM

CONTACT DETAILS

Today's date:

First Name:

Last Name:

D.O.B:

Phone number:

Secondary Phone:

Address:

Postal Code:

Email:

Occupation:

How would you like to receive reminders about your appointment times, wait list openings?

Text Message

Email

EMERGENCY DETAILS

Emergency Contact Name:

Relationship:

Emergency Contact Number:

Who may we thank for referring you to Form Body Lab?

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

| | |
|---|--|
| Has your doctor ever said that you have a heart condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever felt pain in your chest when you do physical exercise? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has your doctor ever told you that you have high OR low blood pressure? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has your doctor ever said that you have a bone, joint or soft tissue condition that might be aggravated by exercise? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you ever had shortness of breath at rest or with mild exertion? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you frequently feel faint, or have spells of dizziness or lost consciousness? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently taking prescribed medications for a chronic medical condition? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has your doctor ever said that you should only do medically supervised physical activity | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you know of any other reason why you should not take part in physical activity that you have not cleared with your doctor (INCLUDING PREGNANCY)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you answered:

YES

-You should consult with your doctor to confirm that it is safe for you to engage in this

NO

- I will notify Form Body Lab if my response should change.

I agree with the above Physical Activity Readiness Terms. Agreement to the terms is a requirement of registration. If you do not agree, please do not register.

Initials:

LIABILITY RELEASE, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS ("Release")

PLEASE READ THIS RELEASE CAREFULLY. BY INDICATING YOUR ACCEPTANCE OF ITS TERMS THROUGH SIGNING YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

IF YOU DO NOT AGREE TO THIS RELEASE, DO NOT SIGN.

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 Release, 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.

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 Release;
3. This Release shall be effective and binding upon my heirs, next of kin, executors, administrators, successors, assigns and representatives in the event of my death or in any capacity;
4. This Release and any rights, duties and obligations as between the parties to this Release 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 Release 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 Release 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 Release. I confirm that I have read and understood the Release and that I have had reasonable opportunity to obtain legal advice prior to signing it, and I am aware that by clicking to indicate my acceptance of or signing this Release I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

If Client is a minor, the Parent/Guardian must sign on the minor's behalf.

I agree with the above Liability Release. Agreement to the terms is a requirement for registration. If you do not agree, please do not register.

Initials:

CANCELLATION POLICY: BY CHECKING THE BOX BELOW, YOU AGREE TO ALLOW FORM BODY LAB TO CHARGE YOUR CREDIT CARD ON FILE FOR ANY MISSED APPOINTMENTS OR LATE CANCELS IF YOU DO NOT HAVE A CURRENT PRICING OPTION WHICH CAN OTHERWISE PAY FOR THE SESSION OR CLASS.

We have a strict 24-hour cancellation policy. Missed or cancelled sessions and classes without 24-hours notice will be charged in full. We require a valid credit card on file or for you to have an active price package on your account in case of any late cancellations or no-show appointments. All sales are final and non-transferable. All sales are done in Canadian dollars. Form Body Lab reserves the right to change prices at any time. Form Body Lab reserves the right to change, modify or cancel classes and scheduling at any time, without notice. Please note: All cancellations for Monday appointments must be submitted on Saturday by 2:30pm to be considered early cancels as we are closed on Sundays.

I agree with the above Cancellation Form. Agreement to the terms is a requirement for registration.
If you do not agree, please do not register.

Initials:

EXTENDED HEALTH BENEFITS: BY CHECKING THE BOX BELOW, YOU ACCEPT RESPONSIBILITY FOR ALL PAYMENTS AND FEES FOR SERVICES AT FORM BODY LAB.

Some of our services may be covered by your extended health benefits. Please verify plan details with your health care provider prior to booking your session(s).

We do not offer direct billing with any third party payer. While we treat ICBC and WCB clients, clients are responsible for paying upfront for all associated costs at Form Body Lab. Clients are solely responsible for collecting reimbursements from third parties. Form Body Lab is not responsible for managing reimbursements from third parties nor are we able to guarantee reimbursements from any third party. All matters relating to coverage and reimbursements for services are strictly the client's responsibility. Form Body Lab is not liable in any way for third party payments or reimbursements, or lack thereof.

I agree with the above Extended Health Benefits Terms. Agreement to the terms is a requirement for registration. If you do not agree, please do not register.

Initials:

I have read and agree with the above Physical Readiness, Liability Release, Cancellation Policy, and Extended Health Benefits terms. Agreement to the terms is a requirement for registration. If you do not agree, please do not register.

Client's Name (please print)

Signature:

Date:

If Client is a minor, the Parent/Guardian must sign on the minor's behalf.

Parent/Guardian's Name (please print):

Relationship:

Signature:

Date: