

**INSTRUCTIONS:**

**Download this form to your computer and fill out the questions to the best of your ability and then click the submit button your filled out PDF will then be sent to MOVE's scheduling and billing department.**

**IF YOU HAVE ISSUES SUBMITTING YOUR FORMS PLEASE SEND YOUR FILLED  
OUT FORMS TO THIS EMAIL:  
INFO@MOVEPERFORMANCE.COMCOM**

**MOVE HUMAN PERFORMANCE CENTER TRAINING INFO**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**In case of emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**General Medical History & Information:**

Please List Any Injuries \_\_\_\_\_

Please List Any Medications \_\_\_\_\_

Please List Any Allergies \_\_\_\_\_



In consideration of my being allowed to participate in the program of activities I, the undersigned, assume the risk of and hereby release and forever discharge Move Human Performance Center LLC and their employees, interns for any injury which I may sustain as a result of my participation in activities, and which results from causes beyond the control of, and without fault of negligence of Move Human Performance Center or their employees, interns. If I am under 18 years old I certify that I have obtained the signature of my parents or guardian allowing me to participate in any activities and the parent has full knowledge thereof.

I am fully aware of the risks and dangers involved in these activities. I am aware that unanticipated and unexpected events may occur that may result in injury to me. I hereby assume all risks of injury that may be sustained by me in connection with the activities.

I understand that it's my responsibility to obtain all necessary permission or medical approval to participate in all associated activities or to verify that such permission or medical approval to participate in all associated activities or to verify that such permission has been obtained on my behalf. I represent that I have chosen to participate in any activities voluntarily.

Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Signature of Parent or Guardian if Participant is Under 18 years old  
\_\_\_\_\_

## 24 HOUR CANCELLATION POLICY

24 hour notice prior to your scheduled appointment must be given to cancel your training appointment or you will be charged for the session. This policy protect you as a client and provides incentive not to miss a session and continue to make progress on your fitness/sports goals. This also protects Move as the facility for "no shows". Any pre-paid sessions are Non-refundable and must be used within 90 days.

Thank you in advance for your compliance.

I have read and understand these policies.

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Signature of Client

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Date



By willingly choosing to come to MOVE Human Performance Center/MOVE Human Performance and Physical Therapy, you agree to release MOVE, other clients/patients, and any staff member of any and all liability to potential risk of contracting and/or spreading COVID-19.

In order to ensure the safety to our clients, patients, and staff measures have been implemented at MOVE that include the following:

- Limited occupancy
- Cleaning and sanitizing all areas in use on a consistent and regular basis.

Therefore, under the terms of this release and sufficiency of which is hereby acknowledged, do hereby release and forever discharge MOVE-including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the potential or actual acquisition and spread of COVID-19.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENT. TO THE BEST OF MY KNOWLEDGE, I AM NEITHER A CARRIER OF THE COVID-19 VIRUS NOR AM I SYMPTOMATIC AT THIS TIME. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

Recorded Temperature: \_\_\_\_\_

This release is constructed broadly to provide a release and waiver to maximum extent permissible under applicable law.

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