



Client Profile

Name _____ Email: _____

Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____ Home Phone (____) _____ - _____

Birth Date ____ / ____ / ____ Sex: Male Female

Occupation _____ Referred by _____

Emergency Contact Information:

Name _____ Relationship: _____

Phone _____

Accident and Injury History- Please tell us about accidents and injuries including any permanent problems:

Chronic Illness: _____

Have you ever had or are you currently having any of the following conditions?

___ High Blood Pressure ___ Heart Problems ___ Joint Problems ___ Diabetes ___ Whiplash
___ Surgery ___ Liver Disease ___ Sprains ___ Fractures ___ Asthma ___ Cancer (type _____)
___ Pregnancy (Are you currently pregnant? ___)

If yes to any of the above, please explain:

What type of movement have you experienced?

___ Dance ___ Yoga ___ Pilates ___ Martial Arts ___ Running ___ Swimming ___ Nautilus
___ Aerobics ___ Sports (please list) _____ None ___

Other -please specify: _____

Please provide the medications (either over-the-counter or prescribed) that you regularly take:

Is there anything else that could affect your work with us? Please describe

(OVER)

Are you currently receiving care through:

_____ Physical Therapy- Therapist's Name _____ Phone _____
_____ Chiropractic –Doctor's Name _____ Phone _____

Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Brazos Healing Center has facilities for and provides for activities such as Yoga, Pilates, Energy Therapy, Holistic Health Consulting, and Fitness Activities. Some of these involve exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, extensive stretching, and others involve sustained physical activity, which places stress on the cardiovascular and musculature system.

Waiver: In consideration of permission to use, today and on all future dates the property, facilities, and services of the Brazos Healing Center and provider, I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue, Brazos Healing Center, its principles, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of provider or any of the aforementioned parties. This agreement applies to: 1) personal injury (including death) from accidents or illnesses arising from the participation in Yoga/Pilates/Energy Therapy/Holistic Health Consulting/Fitness activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I agree to HOLD HARMLESS AND INDEMNIFY Brazos Healing Center from all claims resulting from negligence and to reimburse them for any expenses incurred by Brazos Healing Center in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Brazos Healing Center is not responsible for the injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Brazos County, Texas.

Acknowledgement of Understanding: I have read this waiver of liability, indemnification, and assumption of risk agreement and fully understand its terms. I understand that I am knowingly and voluntarily giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas.

Signature of Client & Date

Print Name