

INTAKE QUESTIONNAIRE

Personal

Full Name

Jarret Eaton

Date of Birth

07/25/2023

Age

0

Gender

Male

Height

5-11

Weight

190

Type of Profession

Athletics

Contact

Email Address

jae.eaton1@gmail.com

Phone Number

(215)-620-8818

Address

3012 N 32nd st

In case of Emergency Please Contact

Jarret - (215)-620-8818

Medical

Do you have a history of any of the following medical conditions?

☐ Pregnancy

☐ Headaches

☐ Epilepsy

☐ High Blood Pressure

☐ Recent Heart Condition

☐ Cardio Vascular Disease

☐ Pacemaker

☐ Hypertension

☐ Diabetes

☐ High Cholesterol

☐ Asthma

☐ Cancer

Any history of medical conditions not listed above?

Are you currently taking any medications? If so, please list.

Have you had any previous surgeries or injuries? If so, please list.

INTAKE

QUESTIONNAIRE PG.2

Medical

Please rate your pain in each area on a scale of 0 (no pain) to 10(worst pain possible):

Neck

0

Hips

0

Shoulder

0

Knees

0

Elbow/Wrist

0

Ankles/Feet

0

Upper Back

0

Thigh

0

Lower Back

0

Chest

0

Goals

Please rate your current goals from 1 (most important) to 6 (least important):

Fat Loss

Injury/Recovery

Athletic Performance

Strength & Conditioning

Pain Relief

Improve Range of Motion

General Health

Nutrition

Sport

Position

Track & Field

Competitive Level

Elite Athlete

Participants Name

jarret

Participants Signature

jarret

Date

07/25/2023

WAIVER OF LIABILITY FOR FACILITY AND USE

"I hereby understand and acknowledge that this waiver includes any training, programs, dietary recommendations, supplement recommendations, any and all recommendations, any and all advice, any and all referrals, as well as any events or participation in any activity outside of the Neuro Force One (NF1), a Delaware C-corporation, facility. Such activities may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and NF1 furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE NF1, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in NF1 training, programs, assessments, dietary recommendations, supplementation recommendations, any and all recommendations, any and all advice, any and all referrals, and/or events.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms."

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authority to act on behalf of the minor named herein.

Parent/Guardian Signature

Date

08/09/2023

IMAGE RELEASE FORM

I am at least eighteen years old and competent to understand, consent to and authorize the following. I hereby irrevocably consent to and authorize:

(1) the use by NEURO FORCE ONE INC., a Delaware C-Corp ("NF1") of any and all photographs, video, voice recordings, or other media taken of me by NF1 or its employees, contractors, or agents, including derivative works thereof (collectively, the "**Images**");

(2) any reproduction of the Images in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity; and

(3) the use of my name or likeness in connection with the exhibition, distribution, merchandising, advertising, and/or publicizing of Images by NF1.

I hereby release and discharge NF1, its managers, members, officers, employees, licensees, representatives, and affiliates from any and all claims, actions, suits or demands of any kind or nature whatsoever, in connection with the use or reproduction of the Images.

I understand and agree that NF1 will be the exclusive owner of all rights (including copyrights) in and to the Images in perpetuity and in any medium now known or hereafter developed. I understand and agree that NF1 may license third parties to use the Images in any manner NF1 may determine in its sole discretion, without any obligation to me. I hereby waive any right that I may have to inspect and/or approve the use of the Images or any reproductions thereof, by NF1.

Signature

Print Name

Date

Address

08/09/2023

City

State

AZ

Cancellation/Late Policy for Training:

NF1 maintains a **12 hour cancellation/rescheduling policy**. If a session is not canceled or rescheduled within 12 hours it will be documented as a “no-show” and it will result in a loss of a session and be charged at 100% of the session cost.

Each client will be granted 1 **Emergency No Show/Cancellation (ENSC) per quarter**. ENSC’s are cancellations made with less than 12 hours notice or a no show due to an emergency. ENSC’s will not be documented as a “no-show” and the client will not be charged for the session.

Any client that exceeds **3 No-Shows** per quarter will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

If a client shows up, up to 15 minutes after the start of their scheduled training session time they will be considered a **“late-show”**. If a client exceeds 10 late-shows per quarter they will be subject to dismissal from the NF1 training program and will not be granted a refund for any prepaid and/or unused training sessions.

All NF1 training sessions include a **20 minute “grace period”**. The grace period indicates a 20 minute window from the start of the scheduled session time in which the client can still retain the session if they show up late. If a client shows up after the 20 minute grace period it will result in loss of a training session and the client will be charged 100% of the training

session cost.

Zip Code

Name (Print)

Jarret Eaton

Signature

dfgdfsgfd

Date

07/25/2023

Performance Questionnaire

Primary Performance Goals

Game Plan (In Competition)

Past Training History

Past Injuries/Surgeries

Nutrition/Supplementation History

Sleep History

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