

## HEALTH HISTORY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US (PLEASE SPECIFY):

Car Signage: \_\_\_\_\_ Referred by: \_\_\_\_\_

Internet: \_\_\_\_\_ Other: \_\_\_\_\_

DO YOU HAVE ANY HEALTH CONDITIONS OR ACUTE/CHRONIC INJURIES?

(Please include recent surgeries, arthritis, osteoporosis, carpal tunnel, broken bones, etc.)

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ARE YOU CURRENTLY DOING ANY SORT OF PHYSICAL THERAPY? (Please explain in detail)

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DO YOU HAVE ANY REGULAR HEALTH PRACTITIONERS? (Please list their name(s) and contact info, if possible)

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WHAT ARE YOUR CURRENT EXERCISE HABITS?

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PLEASE LIST YOUR OBJECTIVES AND SPECIFIC AREAS (if any) ON WHICH YOU WOULD LIKE TO FOCUS:

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## STUDIO RELEASE FORM

In consideration of being allowed participating in any way in the Move Better Now, BRAINature, Olga and Mark Lubarsky and their associates ("Studio") programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program includes all risks associated with any other physical activity or more as regular usage of some equipment is involved. Such risk may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I understand that I am encouraged to provide the detailed health history information and to keep the Studio and its instructors informed of any changes in my condition and that while Studio and its instructors will use this information in order to provide the most optimal quality services, I should consult with a doctor in the event of any health-related conditions: and, I fully understand that Studio and its instructors are not medical practitioners: and,
5. I, myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Studio, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event "Releasees", with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

APPLICATION and CONSENT

For the ANAT BANIEL METHOD(R) of Functional  
Synthesis™ Lessons

I hereby give consent to Olga Lubarsky/Mark Lubarsky/"Move Better Now"/"BRAINature" and their associates to provide lessons for my child in the Anat Baniel Method™ for Children.

I understand that this work is intended as an instruction in the optimal use of the self, but that no guarantees have been made concerning the outcome of the lessons. I realize that this program is not a treatment for medical emergencies and is not intended as a substitute for medical procedures suggested by my child's medical professionals.

I fully understand that nothing told to me by a practitioner in the field is a medical diagnosis, nor do I consider it so. I agree to assume all risks and responsibilities of this participation. I assume all financial responsibility regarding payment for sessions (and supplies) given by Olga Lubarsky/Mark Lubarsky/"Move Better Now"/"BRAINature" or any of their associates.

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Parent's Name and Signature

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Date

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Child's Name (please print)

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Child's Birth

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Address

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e-mail address

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Phone (cell)

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Phone (home or work)

**Anat Baniel Method(R)/NeuroMovement(R) Disclaimer:**

**The Anat Baniel Method(R) is not a substitute for professional medical advice or medical exam. You should regularly consult a doctor in all matters relating to physical or mental health, particularly concerning any symptoms that may require diagnosis or medical attention. As with any exercise or health-related program or activity, you should seek the advice of your physician or other qualified health professional before participating in any functional synthesis or movement lesson.**

**Olga Lubarsky/Mark Lubarsky/"Move Better Now"/"BRAINature" or any of practitioners involved in this practice make no warranties or guarantees concerning any particular outcome, result, or improvement from participation in functional synthesis and/or movement lessons; and is not responsible for any direct, indirect, consequential, special, or other damages, including, but not limited to, economic loss, injury, or illness, that may result from participation in functional synthesis and/or movement lessons.**

**I have read and understood the above disclaimer.**

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**Signature date:**

## **Audio / Video / Photo / Transcript Release Form**

I hereby give Move Better Now, BRAINature, Olga Lubarsky, Mark Lubarsky and associates ("Studio and Practitioners") the absolute, irrevocable right and permission, forever and throughout the world, in connection with all video recordings, audio recordings, photos, and transcripts (hereafter called "media") of me and/or myself included with others, to the following:

- a. The right to use and reuse, in any manner, said media in whole or in part, either by themselves or in conjunction with other media, in any format or medium and for any purpose whatsoever, including without limitation all promotional, advertising, commercial, and educational uses and other purposes, as seen fit by Studio and Practitioners and
- b. The right to copyright said media in any name that Studio and Practitioners may select.

I hereby forever release and discharge Studio and Practitioners from any and all claims, actions, and demands arising out of or in connection with the use of said video recordings, audio recordings, photos, and transcripts, including, without limitation, any and all claims of invasion of privacy and libel.

I represent that I am over the age of twenty-one years and that I have read the foregoing fully and completely understand the contents hereof.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If under 21 years, signature of parent or guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address:

\_\_\_\_\_