

# Consultation Form

## Participant Information

First Name:		Last Name:	Middle Initial:
Date of Birth:	Sex:	Occupation:	
Address:			
City		State:	Zip Code:
Home Phone: Best		Cell Phone: Best	
Email:		Married: <input type="radio"/> Yes <input type="radio"/> No	
How did you first hear about us?			

## Parent/Guardian/Spouse Contact Information

Primary Contact Name:	Relationship:	Occupation:	Phone Number:
Secondary Contact Name:	Relationship:	Occupation:	Phone Number:
Emergency Contact Name:	Relationship:	Occupation:	Phone Number:

## Medical Information

<b>Medical History:</b> <input type="radio"/> Asthma <input type="radio"/> Back Problems <input type="radio"/> Bleeding Disorder <input type="radio"/> Diabetic <input type="radio"/> High Blood Pressure <input type="radio"/> Heart Conditions <input type="radio"/> Multiple Concussions <input type="radio"/> Shoulder/Elbow/Knee Injury <input type="radio"/> Seizures <input type="radio"/> None	Current Medications: _____
	_____
	_____
	Allergic Reactions: _____
	_____
	_____
	Physical Limitations: _____
	_____
	_____

Additional Information: \_\_\_\_\_

\_\_\_\_\_

# RELEASE AND WAIVER OF LIABILITY

I, the undersigned, do hereby voluntarily submit my application for the enrollment and participation in training sponsored by Move It Precision Strength Training, LLC, do hereby release Move It Precision Strength Training, LLC of Virginia, their owners, instructors, employees, representatives, volunteers, members, shareholders, directors, and authorized guest, individually or otherwise, from any and all liabilities and/or claims of injury, accident, death and/or losses I may sustain or incur, physically, mentally, or emotionally, if any, while attending classes, training sessions, seminars or events, and hold harmless in the event of personal injury from the accidental, intentional, malicious, normal or abnormal use of the techniques applied before, during, and after the classes, training sessions, seminars or events. I realize that such activity involves the potential for injury or death and I assume the risk for all injury resulting from participation.

I, the undersigned, do hereby agree to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in any such class, training session, seminar or event. I hereby give my permission to a trained medical professional to administer emergency medical aid should sickness, injury, or accident occur. I certify that I am covered by health insurance that will cover any injury I sustain during my training.

I agree to abide by all rules to train safely. I understand that any money paid to Move It Precision Strength Training, LLC is not refundable.

As additional consideration for training at Move It Precision Strength Training, LLC, I agree that I may be photographed, filmed and/or taped and used by Move It Precision Strength Training, LLC for marketing purposes and I authorized the use of my image and I waive any compensation thereof – even if I discontinue my training at Move It Precision Strength Training, LLC, I acknowledge that I would like to receive correspondence from Move It Precision Strength Training, LLC via telephone, email, and email. I, the undersigned, am duly aware of the risks and hazards inherent upon participating in this training. In signing the foregoing release, the undersigned hereby acknowledges and represents: that he/she has read the foregoing release, understands it and signs it voluntarily that he/she is over 18 years of age and of sound mind. If under 18, parent/legal guardian in signing this release agrees to all its terms and conditions.

Print Name: \_\_\_\_\_  
(Parent or Legal Guardian if under 18 years of age)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian if under 18 years of age)