

# Soul Guru Fitness + Wellness

## Intake Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you exercise regularly? If so, what do you do and for how long?

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Please list any injuries, medical issues, and/or important medical history:

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Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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### LIABILITY/STUDENT WAIVER AGREEMENT

I \_\_\_\_\_ (print name) understand that fitness and wellness instruction includes physical movements as well as an opportunity for strength building, increased flexibility, relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

Participating in a fitness and wellness program is not a substitute for medical attention, examination, diagnosis or treatment. Exercising is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness and wellness program. In addition, I will make the instructor aware of any medical conditions or physical limitations prior to participating. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to participate and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Brent D. Hruska/Soul Guru Fitness + Wellness.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Washington.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date