

The Exer**Science** Center

Group Class

BE HERE NOW

Mind. Body. Spirit.

Welcome to Group Classes at The ExerScience Center. We commend you on making the decision to take an active role in your health and wellbeing. Our staff is dedicated to helping you take proactive steps towards reaching your goals, improving yourself, and your quality of life!

Please take the time to complete the following forms

The ExerScience Center

Client Profile

Client Name: _____

Date of birth: ____/____/____ Age: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Occupation: _____

Preferred Days and Times

	8 - 12 AM	1 - 5 PM	6 - 8 PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ExerScience Center

Physical Activity Readiness Questionnaire (PAR-Q)

Please list any medical issues that you have been treated for or are currently undergoing.

Are you currently experiencing any pain during daily activities? If yes, please explain.

Have you previously or currently had any heart conditions? Stroke, heart attack or heart surgery?

Have you been told to only participate in physical activity recommended by a doctor?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose balance because of dizziness or do you ever lose consciousness?

Have you ever been told by a doctor that you have bone, joint, or muscle problem that could be made worse by physical activity?

The ExerScience Center

Physical Activity Readiness Questionnaire (PAR-Q)

Do you have a diagnosed illness that could be made worse by physical activity?

Is your doctor currently prescribing medication for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

Please list any medications or supplements you are currently taking.

Do you have any allergies? Please list.

If you are a female, could you be pregnant?

Yes No

Please check one, if applicable

Male 45 and older

Female 55 and older

N/A

The ExerScience Center

Policies / Rules and Training Etiquette

1. Clients are required to RSVP to hold their spot. Payments must be made in full before starting any classes.
2. Group Classes are one hour long. If sessions are ended early based on the client's request, the session is considered completed and the remaining time will not be made up during a later date.
3. Be punctual. Clients are expected to begin working out at the start time of their scheduled class. A late start time does not entitle a client to a session longer than the scheduled appointment. Please call your trainer if you are going to be more than 5 minutes late. Trainers will only wait 15 minutes for late arrivals. Any tardiness of more than 15 minutes will result in the loss of that session and the client will not be credited for it.
4. Please devote your full attention to your session. Cell phones and other devices are not permitted. You may take videos and pictures with verbal consent from your trainer.
5. Proper exercise attire is required. The client should wear clothes that are loose and comfortable. But if the client is running or biking, avoid wide-leg or loose pants that could get tangled up in the pedals or your feet. For activities such as yoga or Pilates, stretchy, fitted fabrics that wick away sweat are a good choice. If you are unsure, please don't hesitate to contact The ExerScience Center.
6. If a medical clearance is needed, the initial consultation will be scheduled after your doctor gives written release.

I have read and completely understand these terms.

_____ / ____ / ____
Client Printed Name Date

_____ / ____ / ____
Signature or Signature of Parent/Guardian (if under age of 18) Date

The ExerScience Center

Fitness Participation Agreement

I have voluntarily chosen to participate in fitness activities offered by The ExerScience Center. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation.

I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations.

I understand that by signing this agreement that I hereby waive and release The ExerScience Center, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation.

I affirm that I have read and understand this document and I wish to participate in fitness activities.

_____ /_____/_____
Client Printed Name Date

_____ /_____/_____
Signature or Signature of Parent/Guardian (if under age of18) Date

The ExerScience Center

Testimonial and Photo Release Form

I understand my testimony may be used in connection with publicizing and promoting The ExerScience Center. I authorize The ExerScience Center to use my name, photograph, brief biographical information and testimonial.

I grant The ExerScience Center, its representatives and employees the right to use my name, photograph, brief biographical information and the testimonial in various marketing initiatives. I understand that this information may be used in various mediums for such purposes as publicity, illustration, advertising and Web content. I authorize The ExerScience Center to copyright, use and publish these materials in both print and electronic formats for purposes of publicizing The ExerScience Center.

In addition, I waive any right to inspect or approve the finished product wherein my likeness or my testimony appears. I agree that I will make no monetary or other claim against The ExerScience Center for the use of my name, photograph, brief biographical information and testimonial.

I hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use The ExerScience Center, including without limitation any and all claims for libel or invasion of privacy.

I hereby warrant and represent that I am at least 18 years of age and have the right to contract in my own name. I have read the above Release and am fully familiar with the contents thereof. This Release contains the entire agreement between the parties hereto as to the subject matter contained herein.

I have read, understand and agree to the above.

Yes, I agree with the terms.

No, I do not agree.

Client Testimonial Provider Printed Name

____/____/____
Date

Signature or Signature of Parent/Guardian (if under age of18)

____/____/____
Date

The ExerScience Center

Health & Fitness Liability Waiver / Informed Consent

"I, _____, have enrolled in the personalized health and fitness program offered through The ExerScience Center. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by The ExerScience Center."

"In consideration of my participation in this program, I, _____, hereby release The ExerScience Center and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

" I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release The ExerScience Center and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Client Testimonial Provider Printed Name

____/____/____
Date

Signature or Signature of Parent/Guardian (if under age of18)

____/____/____
Date

The ExerScience Center

Waiver and Release of Liability and Indemnity Agreement

Upon signing this Agreement and forever thereafter, you agree that if you participate in or attend an event with The ExerScience Center, you do so at your own risk and assume the risk of any and all injury and/or damage you might sustain, regardless of whether you are a participant, a spectator, or otherwise. Your assumption of risk includes but is not limited to the use of any sports or other equipment (mechanical or otherwise), and accessing The ExerScience Center premises.

You further agree to assume the risk of your participation or presence at any sporting event, practice, activity, class, program, instruction or The ExerScience Center sponsored event. You agree that you are voluntarily participating in the aforementioned activities and assume all risk, known and unknown, associated with same. You agree on behalf of yourself (and your spouse, all your children, personal representatives, heirs, executors, administrators, agents, and assigns) to forever release and discharge The ExerScience Center, their owners, employees, agents, representatives, affiliates, successors, and assigns from any and all claims or causes of action (known or unknown) arising out of the negligence of The ExerScience Center, whether active or passive, or that of any of its affiliates, employees, agents, representatives, successors, and assigns.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any equipment or facilities which may malfunction or break, (b) The ExerScience Center improper maintenance of any exercise equipment or facilities, (c) The ExerScience Center negligent instruction or supervision, including personal training, strength training, refereeing and coaching, (d) you slipping or tripping and falling while on The ExerScience Center premises, including The ExerScience Center negligent inspection or maintenance of such premises, and (e) you sustaining personal injuries as a result of the dangerous condition of property on which you are present in relation to any The ExerScience Center function, including The ExerScience Center 's negligent inspection or maintenance of such premises.

By executing this Agreement, you hereby agree to indemnify and hold harmless The ExerScience Center from any loss, liability, damage, or cost The ExerScience Center may incur due to your presence at any The ExerScience Center premises or facility.

Intials: _____

The ExerScience Center

Waiver and Release of Liability and Indemnity Agreement Cont...

You further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state in which this agreement is entered into, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that The ExerScience Center provide a service to their members and is not in the business of selling, leasing, or otherwise placing into the stream of commerce exercise or sports equipment, or other such products, and the use of any such items is incidental to the service provided by The ExerScience Center.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. YOU ARE AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, YOU ARE GIVING UP YOUR RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST The ExerScience Center FOR THEIR NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON THEIR PREMISES. YOU HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE. YOU AGREE, FOR YOURSELF AND YOUR SPOUSE, CHILDREN, SUCCESSORS, HEIRS AND ASSIGNS, THAT THE ABOVE REPRESENTATIONS ARE CONTRACTUALLY BINDING, AND ARE NOT MERE RECITALS, AND THAT SHOULD YOU OR YOUR SUCCESSORS ASSERT ANY CLAIM IN CONTRAVENTION OF THIS AGREEMENT, THE ASSERTING PARTY SHALL BE LIABLE FOR THE EXPENSES (INCLUDING REASONABLE ATTORNEYS FEES) INCURRED BY THE OTHER PARTY OR PARTIES IN DEFENDING AGAINST ANY SUCH ACTION.

Client Testimonial Provider Printed Name

____/____/____
Date

Signature or Signature of Parent/Guardian (if under age of18)

____/____/____
Date

Opt-In for Email and Text Communications

You may opt-in to receiving emails and texts as described below. In either circumstance, The ExerScience Center will never ask for credit card numbers via email or text message. If you think you may have received a suspicious email or text from The ExerScience Center, please contact our office immediately at 813.803.7070.

Email Appointment Confirmations

By opting in to email appointment confirmations, you will receive reminders of upcoming appointments, and reminders to schedule appointments.

Text Appointment Confirmations

By opting in to text appointment confirmations, you are authorizing The ExerScience Center to send text message appointment reminders to you on your provided cell phone number. You understand that you may reply with various commands to receive account information such as balances, future appointments, office location and other alerts as described in our Text Message System command list located on the [text appointment confirmations](#) page.

You also agree that all individuals associated with your account may receive alerts referencing the account guarantor and/or dependents. Text message charges from your cell phone provider may apply.

Your enrollment indicates that you represent and warrant that you are the person legally responsible for all use of the accounts, are at least 18 years of age, and agree to all terms and conditions of use for the text messaging services.

The ExerScience Center offers a text messaging system to current patients to receive appointment confirmations, account balance information, and other services and content deemed appropriate. By opting-in to our text message system (via mobile opt-in or automated opt-in), you are providing consent to use personal information to provide the services available by The ExerScience Center, including customized content. Message and data rates may apply; please contact your wireless provider for specific information regarding your text messaging usage and charges.

The text messaging system is provided by The ExerScience Center to our patients on an as-is basis. Data obtained from you in connection with the text message system may include, but not be limited to, your name, address, cell phone number, office and location, future appointment dates and times, and account information. The ExerScience Center is not liable for any delays that may be experienced during the transmission of any messages, as delivery is based on the speed and effectiveness of your wireless provider.

Opt-Out Text Policy

You may opt-out of our text message system by replying with "STOP" or "UNSUBSCRIBE". You will no longer receive appointment confirmations or other account information via text message if you opt-out of this service.

The ExerScience Center also provides automated opt-in to text message reminders when a valid cell phone number is provided during the patient registration and/or check-in process.

I consent to receiving electronic communications, including email and text messages regarding treatment, payment and health care operations in accordance with this document.

Signature: _____ Date: _____

**The ExerScience Center Text Message System. Message and data rates may apply. By participating, you consent to receive text messages sent by an automatic telephone dialing system. Messages per month vary based on appointments scheduled. Consent to these terms is not a condition of purchase.*

For Help or Support: If you need assistance with your text message appointment confirmations or account alerts, please read the [Frequently Asked Questions](#). If your question is not answered, you may contact us here, or simply reply with the word "HELP" to the message you received for assistance.

The ExerScience Center may terminate this agreement and any related services, with or without cause, at any time. All services are provided on an "as is" and "as available" basis without warranties of any kind, either express or implied, including, but not limited to, warranties of merchantability, fitness for a particular purpose or non-infringement. The ExerScience Center expressly disclaims any representation or warranty that the services will be error-free, timely, secure or uninterrupted. No oral advice or written information given by The ExerScience Center, its employees, licensors or agents will create a warranty, nor may you rely on any such information or advice. Under no circumstances will The ExerScience Center or its affiliates be liable for any direct, indirect, incidental, special or consequential damages that result from the use of or inability to use the services, including but not limited to reliance on any information obtained from the services, or that result from mistakes, omissions, interruptions, deletion of files, text, or e-mail; loss of or damage to data, errors, defects, viruses, delays in operation or transmission, or any failure of performance, whether or not limited to acts of god, communication failure, theft, destruction or unauthorized access to records, programs or services. The ExerScience Center reserves the right to modify the terms and conditions of use at any time and without advance notice, and any changes shall be effective upon making the modified provisions available on The ExerScience Center's website, and continued use of the services after any such changes shall constitute your consent to such changes. The ExerScience Center does not and will not assume any obligation to notify you of any changes to the terms and conditions of use. By signing up for this service, you agree that your sole and exclusive remedy to any issues arising from or relating to the services is to discontinue using the services. The terms of this section shall survive termination or revocation of the Patient Communication Consent Form and/or use of the services.

Supported Carriers: AT&T, Sprint, Nextel, Boost, Verizon Wireless, U.S. Cellular®, T-Mobile®, Cellular One Dobson, Cincinnati Bell, Alltel, Virgin Mobile USA, Cellular South, Unicel, Centennial and Ntelos

The Exer**Science** Center

Cancellation/Missed Appointment Policy

In order to continue providing one-on-one care to our patients, The ExerScience Center requires a **24 hour notice within business hours** for all cancelled and rescheduled appointments. Our goal is to give the best quality of service to our patients, and we would like to give patients on our waiting list the opportunity to be scheduled if you cannot keep your appointment. If you would like a reminder call for all your upcoming appointments, please let us know.

Please remember that you are reserving your time slot; no-shows and late cancellations without 24 hour notice will be charged the full cost of the scheduled appointment. Do not email schedule changes or cancellations. Please call 813.803.7070.

This will be your responsibility; insurance cannot be billed for this amount. This fee must be paid prior to being seen for your next appointment.

Thank you for your understanding with this matter.

Sincerely,
The ExerScience Center Team

I have read and understand the Cancellation Policy for The ExerScience Center.

Signature of Patient

Date