

# The ExerScience Center

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact Name and Phone Number: \_\_\_\_\_

Reason for visit/Goals: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**CONSENT TO RECEIVE REHAB/FITNESS SERVICES:** I hereby consent to receive rehabilitation, recovery and/or fitness training services from the service providers at The ExerScience Center. I understand that some protocols may involve the placement of electrode pads on my hips, pelvis, and/or buttocks, as well as other areas of my body, and I will allow the The ExerScience Center Practitioners to place the electrode pads on the locations mandated by the NeuFit protocols. If at any point I feel uncomfortable with something I am being asked to do, I will bring it up to The ExerScience Center Practitioner and reserve the right to stop any activity with which I am uncomfortable.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELEASE OF LIABILITY:** In conjunction with my services at The ExerScience Center and as part of the consideration for my treatment and/or training, I, my heirs, executors, spouse, successors, assigns, offspring, agents, and representatives expressly release, hold harmless, and indemnify The ExerScience Center, NeuFit, its owners, agents, employees, representatives, assignees, licensees, and invitees, from all liability for any services rendered.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL ACCEPTABILITY:** I am aware that this work can be physically demanding, and assert that I have been cleared for rigorous exercise by my medical professional. I also acknowledge that use of electrical stimulation is contraindicated by the following conditions, and I assert that I do not have (please place a checkmark in the box to indicate that you do not have the following conditions):

Cancer       Blood Clots       Any implanted electrical device

Epilepsy       I also assert that I am not Pregnant

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FEES:** I acknowledge that I am responsible for any and all fees incurred at the time of visit for these services, and I am fully aware of the amount of those fees. Appointments may be canceled by calling (813) 464-0313 at least 24 hours in advance. No-shows and late cancellations will be charged the full cost of the scheduled appointment. Do not email schedule changes or cancellations.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMAGE RELEASE:** I understand that, from time to time, pictures or videos may be taken of the work that is going on at The ExerScience Center and shared for marketing or educational purposes. I hereby grant The ExerScience Center permission to use my likeness in video or photograph for its printed and digital publications, including social media platforms. I hereby release and hold harmless The ExerScience Center from all claims, demands, and causes of action, which I, or anyone acting on my behalf, may have. In addition, I waive the right to inspect or approve the finished product, and waive the right to any compensation arising out of the use of my likeness in any videos or photographs.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_