

/kinēsis/

Tell us a little about yourself

name: _____ date of birth: _____

Please list of any of your children that we may work with, now or in the future:

name: _____ date of birth: _____

name: _____ date of birth: _____

name: _____ date of birth: _____

address: _____

phone: _____

email: _____

how did you hear about us? _____

please check one: yes, I would like to receive emails with studio news

no thanks, I would rather not receive emails

Studio Policies

Please note: by signing the liability waiver below, you are also agreeing to the following studio policies:

- **cancellation:** in order to protect our trainer's and practitioner's income, we require a minimum of 24 hours notice of all cancellations. In the event that you cancel within 24 hours, or do not show up for your scheduled session, you will be charged the cost of the entire session. If the cancellation is coronavirus related, the cancel fee will be waived.
- **inclement weather:** if your trainer is available for your scheduled session, any missed appointments will be treated as a late cancel. Should your trainer not be able to make it, the cancellation is mutual and there is no penalty. If you are able to attend and your trainer cannot, please contact the us so that we can set you up with another trainer. Our advice: please preemptively cancel outside of the 24 hr cancellation window if you are unsure about your ability to make your scheduled session due to weather.
- **lost/stolen items:** we are not responsible for lost or stolen items.
- **no refunds:** we issue no refunds of bank deposits of any amount. We issue no refunds of: services sold, equipment rentals, sales of equipment or merchandise, or of any other good or service sold. Banks are set to expire after one year (365 days) of continued inactivity. Banks are transferrable before expiration.

Liability Waiver

I, being aware of my own health and physical condition and having knowledge that my participation in any exercise program and/or muscle activation techniques may be injurious to my health, am voluntarily participating in physical activity. I understand and agree that during my visit, which may be facilitated in studio, in home, outdoors, in an alternate facility, or remotely via video telephony product, I am not receiving physical therapy or chiropractic work. Having such knowledge, I hereby acknowledge this releases any representatives, agents, and successors from liability for accidental injury or illness, which I may incur as a result of participating in a physical activity. I hereby assume all risks connected there with and consent to participate. I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in any physical activity, changes to diet, or muscle activation techniques. This waiver is effective at the start of my first session, regardless of date of my signature of this waiver.

I agree by signature: _____ date of signature: _____