

# DeeAnn Nelson

Movement artist. Movement educator. Movement explorer.

## New Client Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Describe any health and physical goals you would like to achieve: \_\_\_\_\_

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Have you taken **GYROTONIC®**/ **GYROKINESIS®** or Pilates before? YES NO

If yes, please explain past experience including length of time and type of class: \_\_\_\_\_

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Do you have any present or past injuries, or ongoing conditions which may impact your ability to exercise? YES NO

If yes, please explain: \_\_\_\_\_

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*Please note: Cancellation and rescheduling of all sessions must be done within 24 hours of the session start time or you will be charged the full price of the session.*

## New Client Waiver

I, \_\_\_\_\_, desire to participate in DeeAnn Nelson's (hereinafter "DN") **GYROTONIC®** and/or **GYROKINESIS®** and/or PILATES exercise classes and/or MASSAGE THERAPY and/or ALEXANDER TECHNIQUE. I understand that there are inherent risks and dangers related to participating in any exercise class, that such class is not a necessary service, and I voluntarily and freely choose to assume any such risks. Further, I hereby agree to take responsibility for any personal issues that may arise while working with DN, and I also agree to communicate with her on any issues for which I feel discomfort, and to communicate in general with DN.

I understand and agree that DN has not made any representations as to speed of recovery, or achievement of any potential goals discussed with me. Further, I understand and agree that DN is not making any guarantees as to any quantitative improvement, and that I have decided upon my own knowledge, investigation, and observations, that the therapy(ies) contemplated hereby are in my best interests.

I understand and agree that I may be required to provide medical information, or a medical release, PRIOR TO, OR DURING ANY SERVICES PROVIDED HEREUNDER, in DN's sole discretion. If DN so requires, I will provide such information or release as soon as possible, and understand that such information must be supplied before the next session is scheduled with DN. This requirement may be made more than once, as DN's professionals deem it necessary. DN complies with all state and federal Health Information release standards (HIPAA and similar state laws and regulations). DN will be giving you separate information on these issues.

I understand and agree that this agreement is personal to me, and may not be assigned, transferred, or otherwise given to any other party without the express written consent of DN, which consent may specifically be withheld for any reason or for no reason. I understand that DN takes clients on a case-by-base basis, and therefore, this agreement is non-assignable. This assumption of risk and release of liability is effective from and continuing after the date of my first session with DN. I have read the above before signing it. I am 18 years of age or older. If you are under the age of 18, a parent or legal guardian must also sign and date below.

In consideration for being allowed to participate in classes at DN, I hereby indemnify and hold DeeAnn Nelson, their employees and owners, harmless, from and against any and all liabilities and defense costs (including reasonable attorney fees), from claims, demands, government fines or penalties, and lawsuits, brought against DN by me (or a third party on my behalf), arising out to the failure to comply with any obligations I may have under this agreement, out of any negligence or intentional wrongdoing by me, and for any claims that may result from potential or actual injury arising in any way from the exercise classes or private sessions offered to me at or by DN.

Signature \_\_\_\_\_ Date \_\_\_\_\_