

Trainer_____

KETTLEBILITY MOVEMENT COACHING

INFORMED CONSENT WAIVER AND RELEASE OF LIABILITY

In consideration of entry into training with Andrea U-Shi Chang and Kettlebility LLC, I, _____, (please print) intend to be legally bound and do hereby agree to be legally bound for myself and for all successors in interest I may have, by this Contract, Waiver and Release of Liability, and hereby agree to hold harmless and indemnify Andrea U-Shi Chang and Kettlebility LLC, as well as all officers, partners, members, employees, assistants, independent contractors, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others, directly or indirectly, arising out of any practice, instructions, or other activity related to this program as well as participation in this program or traveling to or from this program or any other activity related to this program.

I understand that the activities, exercises and training methods to be taught may not be appropriate for all people and may, in some cases, cause injury or aggravate existing injuries. I certify that I am physically able to participate in this activity and will further hold Andrea U-Shi Chang and Kettlebility LLC, as well as all officers, partners, members, employees, assistants, independent contractors, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defect or condition I may have, whether now known or hereinafter discovered. I further acknowledge that in consideration for this training, this release shall not expire and shall be considered effective in perpetuity. I also understand that all exercises, training methods and concepts are to be used at my own risk and that the aforementioned trainers and entities assume no responsibility for my actions.

I acknowledge if I am uncomfortable with any activity, exercise or training program within the course that I may immediately state so, and that it is my right and responsibility to remove myself from the situation immediately and that I am encouraged to do so.

I have understood all that is expressed in this Waiver and Release of Liability, and I certify that I am of sound judgment, legally competent to agree to this waiver. Additionally, I certify that I am _____/am not_____/ (check one) eighteen years of age or older, or a legally emancipated adult.

Participant's Name : _____

Participant's Signature: _____ Date: _____

Email Address: _____

Signature of Parent (If Required) _____

Andrea U-Shi Chang and Kettlebility LLC has a 24 hour cancellation policy. To avoid paying for your missed session in full, we request that you provide us with at least 24 hours notice if you need to reschedule.

Initials _____

905 North East 65th Street – Seattle WA 98115
<http://kettlebility.com>

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Initial Session Intake Questionnaire

Date:

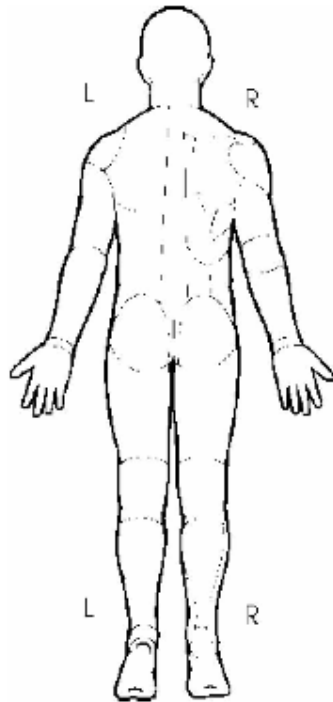
Address:		Referred By:	
		Birth Date:	
Telephone (home):	(cell):		
Email:			
Occupation:			
Emergency Contact:		Phone #:	
Do you own any Z-Health/FMS training products? Yes No		Currently practicing Z-Health or using FMS? Yes No	
1. Goals for movement training (e.g., manage pain, relieve discomfort, maintain health, reduce stress, athletic performance, etc.):			
2. Current areas of discomfort/pain (please use attached diagram):			
3. Please list previous injuries (fractures, sprains/strains, etc) and prior surgeries:			
3. Current medications and supplements:			
4. Professional bodywork previously received (e.g., physical therapy, chiropractic, osteopathic care, etc.):			
5. What is your current exercise routine?			

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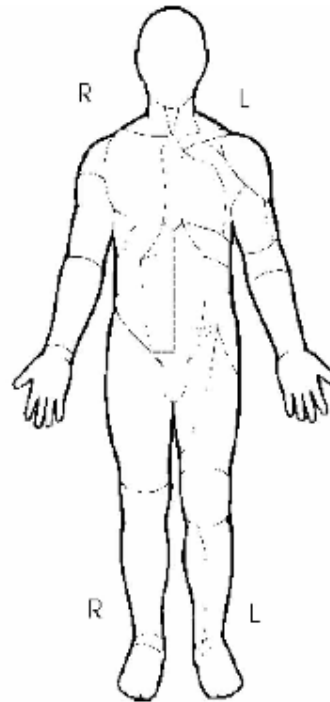
Pain and Discomfort Diagram

Name: _____ Date: _____

BACK



FRONT



Please Identify & Describe Any Areas Of Discomfort:

Onset: How did it start? (Sudden Trauma, Gradual, Etc)

Duration: How long have you had the problem?

Frequency: How often does it bother you? (Rarely, Always, etc)

Type: What does it feel like? (Sharp Pain, Tingling, Etc.)

Severity: How bad is the pain? (Mild, Moderate, Severe)