

PERSONAL INFORMATION [Please Print Clearly]

Title (Mr/Mrs/Miss/Ms)

Surname

First name

Date of birth / /

Address

Address

Town / County

Email

Telephone (Home) (Work)

Mobile

Occupation Company

Your Doctor's Name Doctor Tel

Doctor's Address

How did you find out about us? (Please tick an option below)

Internet Search
 Our Website
 Facebook
 Directory Enquiry
 Friend / Family Member
 Poster / Advert
 Brochure / Flyer
 Youtube
 Doctor
 BodyKinetics Member

INJURY DETAILS

In which part is the injury located?

When did this injury occur?

How did this injury happen?

CONDITIONS OF TREATMENT, CONSENT AND DISCLAIMER

THIS DOCUMENT IS A RELEASE OF CLAIMS. BY SIGNING IT, YOU AGREE THAT YOU ARE AWARE OF, AND ACKNOWLEDGE:
IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES TO YOUR HEALTH STATUS

- You willingly participate in the Gym/Activity/Class at your own risk and are free to withdraw from the program at any time.
- You have no other physical restrictions, disabilities or any predisposition to sickness, medical conditions or injury (other than mentioned to your trainer/therapist) that may be aggravated or adversely affected as a result of your participation.
- You take full responsibility for any injury, loss or damage to your person/property that may arise directly or indirectly from your participation in the Gym/Activity/Class/Treatment.
- You will inform instructors/trainers/staff immediately of any changes to your health status no matter how trivial it may seem.
- Cancelling or not attending a scheduled appointment without providing 24hours notice will incur a cancellation fee.
- Payment via debit/credit card for services rendered or classes are non-refundable and will incur extra charges.
- By signing below, you acknowledge and fully understand that in a Direct Debit membership it is your responsibility to cancel your bank payments after the agreed date as per your agreement.
- You hereby provide written consent should you be required to remove certain items of clothing or jewellery in the interest of effective treatment.
- You acknowledge that treatment provided may have certain consequences or elicit side-effects and that the treating therapist/member of staff will not be held responsible should you present with symptoms following treatment/training/classes.

LIABILITY

- We accept no responsibility for treatment received or services provided – any professional liability is between the client and the individual therapist/member of staff.

I HAVE READ AND FULLY ACKNOWLEDGE THE TERMS AND CONDITIONS OF THE ABOVE CONSENT AND DISCLAIMER FORM.



HOW DO YOU MOVE?