



Membership Level:

Notes:

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 for 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 further acknowledge that Kettlebility reserves the right to use any photos or video taken in the studio as testimonials for our services to be used for lead generation and marketing through various mediums (website, TV, video, etc.). By signing this Waiver and Release of Liability, you have thus provided Kettlebility with a Media Release Waiver. And lastly, I certify that I am ____/am not ____/ (check one) eighteen years of age or older, or a legally emancipated adult.

Name: _____

Mailing Address: _____

Participant's Signature: _____ Date: _____

Cell Phone: _____ Home/Work Phone: _____

Email Address: _____

Signature of Parent (If Required): _____

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 _____

KETTLEBILITY

RUSSIAN KETTLEBELL TRAINING AND ELITE PERFORMANCE COACHING

Client Profile and Health History

Date: _____

Referred by/where did you hear of Kettlebility: _____

Name: _____ Phone: _____

Date of Birth: _____ Age: _____ Add'l Phone: _____

Address: _____

Email: _____

Primary Care Physician: _____
(Name) (Phone)

Emergency Contact: _____
(Name) (Relationship) (Phone)

Occupation: _____ Currently Practicing Z-Health or using FMS Correctives? Yes No

Goals for Movement Training: _____

Professional Bodywork Previously Received (e.g. physical therapy, chiropractic, acupuncture, etc.): _____

What is your current exercise routine? _____

Please indicate if you have any of the following:

	Yes	No	Explain
Advice from physician NOT to exercise	_____	_____	_____
Difficulty with physical exercise	_____	_____	_____
Heart problems, chest pain or stroke	_____	_____	_____
History of heart problems in immediate family	_____	_____	_____
High Blood Pressure	_____	_____	_____
High Cholesterol	_____	_____	_____
Asthma / Breathing / Lung Problems	_____	_____	_____
Cigarette / Cigar / Pipe smoking habit	_____	_____	_____
Pregnancy (now or within last 3 months)	_____	_____	_____
Recent surgery (last 12 months)	_____	_____	_____
Diabetes or Thyroid Condition	_____	_____	_____
More than 20 pounds over ideal weight	_____	_____	_____
Any chronic illness or condition	_____	_____	_____
Muscle, tendon, joint, or back disorder (see below)	_____	_____	_____
Arthritis	_____	_____	_____
Bursitis	_____	_____	_____
Foot injuries (past / present)	_____	_____	_____
Knee injuries (past / present)	_____	_____	_____
Hip injuries (past / present)	_____	_____	_____
Shoulder injuries (past/ present)	_____	_____	_____
Hernia or any condition that may be aggravated by lifting weight	_____	_____	_____
Currently taking any medications	_____	_____	_____
Currently taking any supplements	_____	_____	_____
Any other limiting factor(s) not listed above	_____	_____	_____

If you answered "yes" to any of the above Risk Factor questions, Kettlebility suggests you seek medical clearance from you physician prior to beginning this exercise program.

Signature _____

Date _____

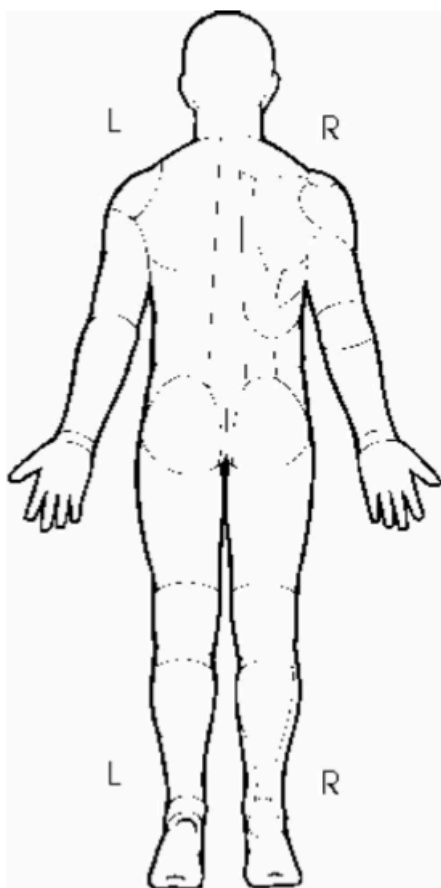
KETTLEBILITY

RUSSIAN KETTLEBELL TRAINING AND ELITE PERFORMANCE COACHING

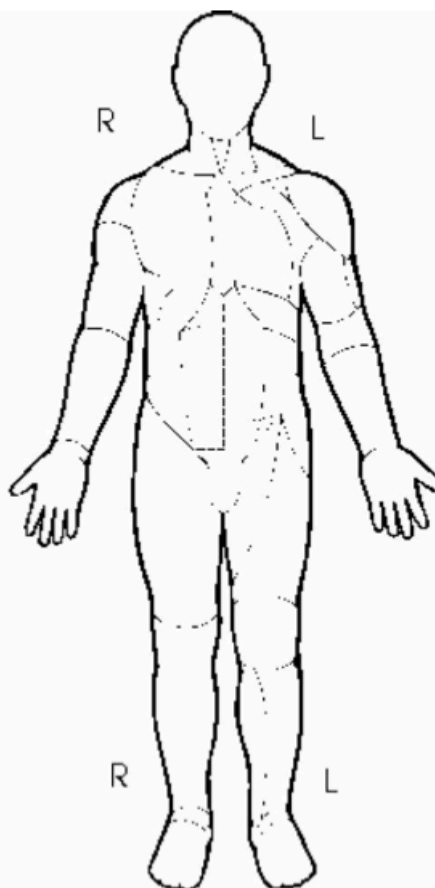
Pain and Discomfort Diagram

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)