



Name: _____ **Date:** ____ / ____ / ____

Home Address: _____ **City:** _____ **ST:** ____ **Zip:** _____

Home Phone: (____) _____ **Work Phone** (____) _____

Email: _____

Birth Date: ____ / ____ / ____ **Gender:** Male or Female

Emergency Contact: _____ **Emergency Contact Phone:** (____) _____

The undersigned agrees to abide by the rules and policies of (Rebalance, LLC) DBA: Rejuvenate Mind Body Wellness Center, including the completion of the medical questionnaire. The undersigned acknowledges and understands that any information obtained by Rejuvenate Mind Body Wellness Center will be maintained solely by the Wellness Center and only accessible by Rejuvenate Mind Body Wellness Center staff as needed, and will not be accessible by anyone outside Rejuvenate Mind Body Wellness Center.

The undersigned guest agrees that all use of Rejuvenate Mind Body Wellness Center facilities, services and programs shall be undertaken at his (her) sole risk and that Rejuvenate Mind Body Wellness Center shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the facilities, services and programs. The individual for himself (herself) and on behalf of his (her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue Rejuvenate Mind Body Wellness Center, its officers, agents, employees and board members from all such claims, demands, injuries, damages or causes of action, with respect to use of Rejuvenate Mind Body Wellness Center facilities, services and programs.

The undersigned guest declares he (she) has completed the enclosed medical questionnaire as required by Rejuvenate Mind Body Wellness Center, and he (she) declares he (she) is physically able to participate in physical activity and/or exercise testing. Furthermore, guest declares Rejuvenate Mind Body Wellness Center has advised him (her) to obtain a medical clearance in the event he (she) answers "yes" to any of the medical history questions. If he (she) is unsure of his (her) physical health, the guest represents that he (she) is physically capable of pursuing physical activity and/or exercise testing at Rejuvenate Mind-Body Wellness Center without such steps being taken. If guest wishes to participate in Group Exercise classes at Rejuvenate Mind-Body Wellness Center, he/she must obtain a Physician's Clearance form, should one be necessary based on individual's health history, prior to class participation. Guests wishing to participate in physical activity and/or exercise testing at Rejuvenate Mind-Body Wellness Center will assume full responsibility for their health and well being and assume all risks of such exercise and testing Rejuvenate Mind-Body Wellness Center.

Member Signature

Date

Agreement and Release of Liability Form

1. In consideration of gaining membership or being allowed to participate in the activities and programs of (Rebalance, LLC) D.B.A. Rejuvenate Mind-Body Wellness Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Rejuvenate Mind-Body Wellness Center (Rebalance, LLC) from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility or from any condition of the premises. By the use of the facilities of Rejuvenate Mind-Body Wellness Center and the execution of this Agreement, I expressly agree that the Rejuvenate Mind-Body Wellness Center shall not be liable for any damages arising from personal injuries sustained by me in, on or about the premises of the facilities or as a result of using the facilities and the equipment therein. I assume full responsibility for any such injuries or damages that may occur to me in, on or about the facilities and further agree that Rejuvenate Mind-Body Wellness Center shall not be liable for any loss or theft of personal property. I also specifically agree that Rejuvenate Mind-Body Wellness Center shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by Rejuvenate Mind-Body Wellness Center, whether such negligence is present at the signing of this Agreement or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by Rejuvenate Mind-Body Wellness Center.
(Please initial _____)
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
(Please initial _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Rejuvenate Mind-Body Wellness Center or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have medical recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
(Please initial _____)

Date _____ Signature _____



Health History Questionnaire

Name _____

Home Address _____

Telephone Home _____ Work _____ Gender _____

Height _____ Weight _____ Age _____ Birth date _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with Rejuvenate Mind-Body Wellness Center, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you had a heart attack, heart surgery, cardiac catheterization, coronary angioplasty, pacemaker/implanted defibrillator, heart valve disease, heart failure, heart transplantation, or congenital heart disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience chest discomfort with exertion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you experience unreasonable breathlessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you experience dizziness, fainting, or blackouts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you take heart medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have asthma or other lung disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have burning or cramping sensation in your lower legs when walking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you have musculoskeletal problems that limit your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you take prescription medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you pregnant? |
| *If you marked yes to any of the above, physician's consent is encouraged. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you a man older than 45 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you a woman older than 54 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you smoke, or have stopped smoking w/in the last 6 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you have high blood pressure, being treated for high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Has your physician ever told you have high cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Do you have family history of heart attack or heart surgery before age 55? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Are you more than 20 pounds overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Are you physically inactive (you get less than 30 min. /at least 3 x. per wk. |

***If you marked yes to 2 or more questions in this section, physician's consent is encouraged.**

If you are over 69 years of age and do not regularly exercise, check with your doctor.

What are your specific fitness goals at Rejuvenate Mind-Body Wellness Center?

(Indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Increase strength and endurance | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve muscle tone |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Other _____ |

What are your specific health goals Rejuvenate Mind-Body Wellness Center?

(Indicate all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve nutritional habits |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Control cholesterol |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Achieve balance in life |
| <input type="checkbox"/> Improve productivity | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Feel better overall | <input type="checkbox"/> Increase my health awareness |
| <input type="checkbox"/> Other (please be specific) _____ | |

What motivated you to join Rejuvenate Mind-Body Wellness Center? (Indicate all that apply)

- Convenience/location
- Membership promotion
- Peer support
- Medical reasons
- Tried Rejuvenate Mind-Body Wellness Center as a guest
- Other _____

I have read, understood, and completed this questionnaire. I answered all questions completely and accurately and to the best of my ability.

Name _____ Date _____

Signature _____

STAFF USE ONLY	
Cleared to exercise _____	Not cleared to exercise _____
Reason _____	
Staff Signature _____	Date _____



Fee Schedule

Massage 60 minutes**

Swedish	\$65
Deep Tissue	\$70
Trigger Point Therapy	\$70
Medical Massage	\$70
Integrative Massage	\$70
Acupressure	\$70
Sports	\$75
Pregnancy	\$75
Reflexology	\$75

Dietitian Services

30-min consultation	\$50
60- min consultation	\$80
5 sessions (30-min)	\$200
10 sessions (30-min)	\$350

Massage 30 Minutes**

All \$65 would be	\$35
All \$70 would be	\$45
All \$75 would be	\$45

r-Studio Classes

Walk In Class	\$13
10 Class Pass	\$115
20 Class Pass	\$210

Massage 90 minutes**

All \$65 would be	\$97.50
All \$70 would be	\$105
All \$75 would be	\$112.50

r-Studio Memberships

Unlimited Classes	\$75 per month
Unlimited Classes + 2 massage*	\$180
Unlimited Classes + 4 massage*	\$275
Unlimited classes + 4 dietitian meetings per month	\$250

Massage Packages Buy 4, get 1 FREE!!

Swedish	\$260
All \$70	\$280
All \$75	\$300

****No-Show / Failure to cancel within 24 hours \$45 For all sessions 45 minutes or longer OR \$20 or 30 min session**

****If there is a pattern of No-Show/Failure to cancel within 24 hours, it is up to the discretion of the service provider whether to continue to schedule the patient or not.**

*** Massages associated with memberships are 1 Hr Swedish massages. If you are interested in a different 1 Hr massage, as additional \$10 charge will apply.**

ATTENTION: ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE.

Acknowledgements and Consents

- I understand that the hourly rates listed above are payable at the time of service.

Patient / Parent or Guardian Signature

Date

Witness Signature
