

## Client Profile

*Client Profiles are required for all StudioMOVE! members. Profiles are kept confidential and used only to inform StudioMOVE! of your background information to ensure a safe and enjoyable fitness experience. Profiles will remain on file until a written request is received to delete your existing information.*

### Member Information (required):

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

How do you prefer to receive StudioMOVE! updates? Phone  E-mail  Mail

Can we add you to our newsletter distribution via e-mail? Yes  No

Would you like a FREE fitness assessment? Yes  No

Preferred Date of for Appointment: \_\_\_\_\_

### Family Information (Required):

Please include information below for relevant family members that will be using the facility as well:

*Note: Children Under 18 are Required to have a Release and Consent form on file in order to participate in StudioMOVE! classes and child care programs.*

Child Name: \_\_\_\_\_ Release on file? Yes  No

Child Name: \_\_\_\_\_ Release on file? Yes  No

Child Name: \_\_\_\_\_ Release on file? Yes  No

Child Name: \_\_\_\_\_ Release on file? Yes  No

Spouse/Partner Name: \_\_\_\_\_

Other: \_\_\_\_\_

**Health Background (Optional):**

Have you seen a physician for a full physical in the past year? Yes  No  If not, when? \_\_\_\_\_

Do you have any physical restrictions? (i.e. hip or joint replacements, pain during specific movements, mobility issues, shortness of breath, vertigo, neck pain, heart irregularities, etc. )

*Please be as informative as possible to mitigate risk of injury while participating in physical activity:*

Have you been diagnosed with hypertension or diabetes? Yes  No

Are you on medication? Yes  No

Do you suffer from seizures? Yes  No

Is there anything else about your health or fitness that you would like us to be aware of?

**Fitness Goals (optional):**

From a health and fitness standpoint, what are your goals? \_\_\_\_\_

How can we help you accomplish your goals? \_\_\_\_\_

How did you hear about StudioMOVE!?!? \_\_\_\_\_

What classes are you most interested in? \_\_\_\_\_

**Emergency Contact Information (required):**

Who shall be our first contact in case of an emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Contract for Monthly Unlimited Pass

All StudioMOVE! members who purchase a Monthly Unlimited Pass must complete the following section committing to the specified contract terms as indicated below.

Monthly Unlimited Passes are subject to the following terms:

- Passes are non-refundable and non-transferable.
- Passes may be used for any regularly scheduled FLEX, STR3NGTH, or SPIN (including 30 minute spin) class we offer. **Passes are not valid for session classes.**
- Passes require continuous months of commitment according to the plan selected in to qualify for the pass with a signed contract.
- Monthly balance must be paid prior to usage or enrolled in auto pay.
- A credit card must remain on file for all Monthly Pass memberships though members have the option to pay via cash or check if preferred.
- A one month advance notice to not renew is required. If contract is not renewed when due, we reserve the right to charge an additional charge as if it were a regular, no commitment, monthly pass.

Pass Purchase Date: \_\_\_\_\_

Contract End Date: \_\_\_\_\_

Payment Method:

Cash       Check       Credit Card

I, \_\_\_\_\_ (please print) agree to the indicated commitment below (check one):

- \$89/month/person Monthly Unlimited Pass for 6 months
- \$99/month/person Monthly Unlimited Pass for 3 months
- \$109/month per person (1 month commitment)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Minor Consent Form

*This form must be completed for every minor under the age of 18 who plans to participate in StudioMOVE! activities. This form will be kept on file with StudioMOVE! until a written request is submitted to remove the form from our files.*

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### Emergency Contact Information

Contact 1: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Health

Allergies: \_\_\_\_\_

Physical Ailments: \_\_\_\_\_

Behavior: \_\_\_\_\_

Is there anything else we should be aware of?

\_\_\_\_\_

I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly or indirectly as a result of, and a participation in the StudioMOVE! programs and associated events in which my children are participating. I hereby expressly release discharge and hold harmless from any liability whatsoever StudioMOVE! and all employees in their capacities as representatives of the Studio. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heir, administrators, executors, and assignees.

\_\_\_\_\_  
Signed by parent or legal guardian

\_\_\_\_\_  
Date

## General Release and Consent Form

All StudioMOVE! members are required to complete the following General Release and Consent Form prior to participating in StudioMOVE! classes and programs. This form will be on file as long as the individual signing this document attends classes/activities on these premises.

The StudioMOVE!, LLC Client Contract is the contract between StudioMOVE!, LLC (hereinafter referred to as "StudioMOVE!") and the StudioMOVE!, LLC Client (hereinafter referred to as "Client"). By using StudioMOVE!, LLC services, Client consents to the following terms:

- 1) Client agrees to indemnify and hold harmless LOL Property Development LLC, StudioMOVE!, STR3NGTH, and The Mendon Academy of Arts & Movement and its representatives against any and all claims for personal injuries or damages of any individual property arising from participation in their programs.
- 2) Client agrees that they have no medical reason to not participate in classes offered by StudioMOVE! and STR3NGTH to their knowledge.
- 3) In the event of an emergency, Client gives consent to StudioMOVE! program staff to secure proper treatment for self or those accompanying Client (including guests or children). I understand that the staff will make every effort to contact the person(s) assigned as emergency contacts. In the event of a medical emergency, Mendon Fire Department and Rescue Squad shall be called, as well as 911.
- 4) Client understands that photographs may be taken during activities and fitness classes from time to time. These images will be used for marketing purposes only. No names will be indicated on the images when and if we use them. If you do not wish to have your photograph used in any way, please indicate that here: I do not wish to have my photograph used by StudioMOVE! (initial): \_\_\_\_\_
- 5) Client agrees to pay the rate for services in effect on the date services are provided. In the event that Client account is in default for collections of any charges for services scheduled and/or rendered, Client agrees to pay all reasonable costs and fees incurred by StudioMOVE! including, but not limited to, administrative, collections, court, and attorneys fees and costs.
- 6) Client agrees to pay all invoices within thirty (30) days from the invoice due date. Client agrees to pay late fees on all outstanding balances over thirty (30) days old at a rate of 1.5% per month of the outstanding balance. Client agrees to pay a fee of \$25 for each check returned by the bank due to nonsufficient funds or any other reason.
- 7) Contract service accounts will be billed for the month's services by the fifth business day of each month if enrolled in auto-pay.
- 8) Periodic service accounts will be billed in advance for all services rendered and a summary invoice of monthly services rendered will be emailed per Client request. Credit Cards are required to remain on file for all members participating in recurring monthly contracts.
- 9) As changes to Client information including, but not limited to contact or other information occur, Client agrees to immediately notify the StudioMOVE! office such that the Client account file may be updated.

I certify that I have read and understand this agreement. I accept all terms, conditions and statements of this agreement.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Client: \_\_\_\_\_

## Credit Card Authorization Form

***Credit Cards are required to remain on file for all StudioMOVE! members with recurring monthly passes. You may opt to pay for StudioMOVE! services via cash or check, but a card must remain on file for active members participating in monthly programs. All StudioMOVE! members are welcome to complete the attached form if they prefer to enroll in automatic payment for services as well.***

**All Monthly Contract Members (Required)**

I, \_\_\_\_\_, hereby authorize StudioMOVE!, to charge my credit card account for services rendered as specified by i) client request, ii) as authorized for automatic debit (below), or iii) in the event that my account is in delinquency for 30 or more days.

VISA       MasterCard       Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (Format: MM/YYYY) CVV Code: \_\_\_\_\_

**\*\*See below for where to find the CVV code.**

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize Mendon Academy of Arts & Movement to charge my credit card for services rendered.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Cardholder's Signature (Format: MM/DD/YYYY)

**Automatic Payment (Optional)**

As the credit card holder, I authorize StudioMOVE! to charge my credit card for future services rendered on a recurring monthly basis.

Authorization Valid Until: \_\_\_\_ / \_\_\_\_ (Format: MM/YYYY) Initial Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. StudioMOVE! will keep all information entered on this form strictly confidential.