

## CUSTOMER INFORMATION

All information is confidential.

**Please PRINT legibly and complete all fields.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (Mobile) \_\_\_\_\_

*E-mail is the only way (outside the studio) that we alert you of schedule changes, holiday closings and new classes, workshops and events. You will receive a brief e-mail update approximately twice a month, and your address will not be sold or used for any other purpose.*

Birthdate \_\_\_\_\_ Spouse Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

### How did you find out about Body Synergie?

Drive-by/saw the studio

friend/family/acquaintance (Who? \_\_\_\_\_ )

Internet (Which site/search engine? \_\_\_\_\_ )

Phone Book (Which category? \_\_\_\_\_ )

Other \_\_\_\_\_

**Do you have any injuries, disabilities or conditions (including pregnancy) that in your judgment may limit (to any degree) your ability to participate in physical activities?** Yes No

(Please explain.)

*Please also inform instructors of any conditions so they may help you take appropriate precautions. However, we are NOT medical professionals and you should check with your physician or healthcare provider about the appropriateness of specific activities for your condition.*

## RELEASE AND CONSENT

I, \_\_\_\_\_, being aware of my own physical condition and the risks involved, am voluntarily participating in vigorous physical activities that may include the use of body conditioning equipment at Body Synergie, LLC. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. I fully understand that my participation in these activities may result in injury. I assume all risks connected therewith and consent to participate in said activities. Furthermore, I hereby release Body Synergie, LLC., as well as its instructors, agents, representatives, contractors, successors and assigns, from liability for any injury or illness I may incur, now or in the future, as a result of participating in these activities.

**I have read and agree to be bound by the above statement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date