

Schedule

- 15 minutes - Introduction to the Pose Method
- 15 minutes - Warm-up and video recording
- 45 minutes - Running technique and specific drills.
- 15 minutes - Video Recording
- 15 minutes - Video Analysis and review
- 15 minutes – Q & A

PERSONAL INFORMATION

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

E-mail: _____

Running events or activities: _____

Race Calendar (Please specify dates, A, B, or C race):

Sex: _____ Height _____ Current Weight _____

THIS FORM IS REQUIRED BY LAW AND SERVES TO PROTECT YOUR RIGHT
TO PRIVACY.

Every Body Fitness, LLC protects the privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, or telephone number. Every Body Fitness, LLC will not disclose this information without your authorization, except as permitted by law.

Our **Notice of Privacy Practices** provides information about how your protected health information may be used or disclosed. You have the right to request that we restrict how protected health information about you is used or disclosed. Please review the Notice of Privacy Practices before signing this consent.

By signing this form, you consent to our use and disclosure of your protected health information as indicated in the Notice of Privacy Practices. Please note that your personal information is **not** shared with third parties such as financial, credit, or marketing companies. Use is restricted to procedures that are relevant to your care.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Print name

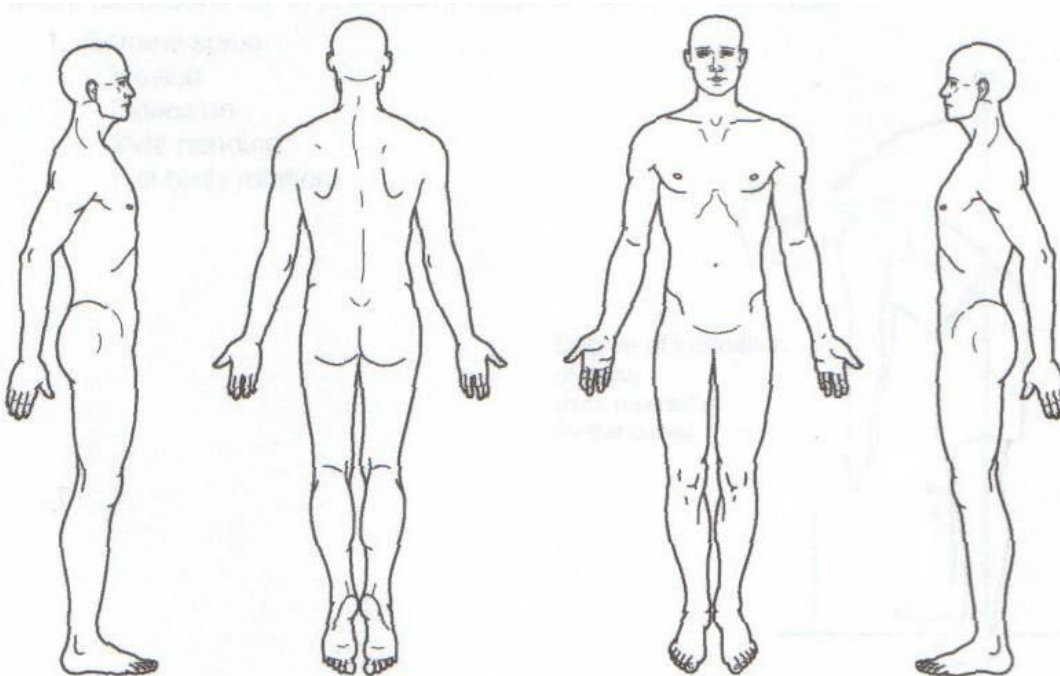
Signature

Date

SYMPTOM RECORD

List all your symptoms of tightness, stiffness, or pain in the grid below. Assign a number to each, with number one being the tightness or soreness in the affected area, number two being the next most affected area and so on. Also record these numbers on the body map below.

1. _____
2. _____
3. _____
4. _____



* Please indicate all the areas you feel the following symptoms with the respective symbol
* Pain = Shaded Numbness = X Tingling = Dots Swelling = O Spasm = #

INFORMED CONSENT AND WAIVER

I, _____, do hereby consent to participate in a personal training program that may include corrective stretching, corrective exercises, resistance training, and/or postural exercises.

I, _____, do hereby consent to participate in a nutrition program that may include dietary, supplemental, and/or herbal recommendations. I understand that nutritional advice is not intended to replace the advice of a medical doctor. I understand that no claim is made as to the certain efficacy of any nutritional protocols.

I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and in rare instances, heart attack or death. Every effort will be made to minimize these risks.

Any information that is obtained regarding my medical history, fitness level, and progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent.

I fully understand that I may injure myself as a result of my participation in this program and hereby release, discharge, and waive any and all responsibility of Every Body Fitness, LLC and all employees herein, now or in the future, including but not limited to heart attacks, muscle strains, sprains, pulls, tears, broken bones, shin splints, knee, back, or foot injuries and any other illness or injury, however caused, occurring during or after my participation in this exercise program or nutrition program.

Consenting Signature:

Participant: _____ **Date:** _____

Witness: _____ **Date:** _____

Photo/Video Release

Form I, _____ (please print), grant permission to Every Body Fitness, LLC and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I hereby release Every Body Fitness, LLC and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am [] over the age of 18 [] the legal guardian of the following If legal guardian of model(s), please list name(s) here:

Name(s): _____

Signature: _____ Date: _____