



New Client Intake Form & Health Questionnaire

Today's Date: _____

Full Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Primary Phone: () _____ Home/Mobile Email Address: _____

Emergency Contact: Name: _____ Phone: () _____

Who referred you or how did you hear about us? _____

What do you wish to accomplish in your time here? _____

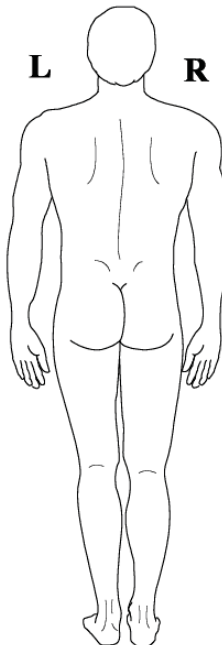
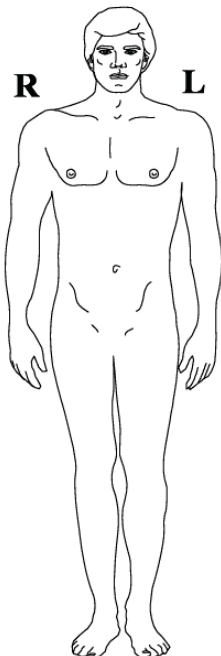
Have you been diagnosed with any of the following conditions?

	Yes	No		Yes	No
High Blood pressure			Breathing Difficulties		
Diabetes			Thyroid problems		
Heart problems			Rheumatoid Arthritis		
Dizziness			Osteoporosis		
Asthma			Headaches		

Please list any previous surgeries, fractures or serious injuries with approximate dates:

If you answered yes to any of the above, or have an unlisted medical issue or illnesses, please elaborate: _____

Pain Drawing: Please mark where and what type of pain you are currently experiencing. Use the symbols indicated to describe the type of pain or sensations you are feeling:



Use these symbols to describe the type of pain or sensations you are feeling:

>>> Aching pain

/// Stabbing or Sharp pain

XXX Burning pain

=== Numbness

ooo Pins and Needles



Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following (please initial each line): (Print full name)

_____ I hereby agree to participate in the Ladan's Eastern Wellness Center classes, programs and/or workshops offered by
Initial Ladan's Eastern Wellness Center ("LEWBH") during which I will receive information and instructions about health and fitness. I recognize that fitness programs require physical exertion which at times may be strenuous and although rare, may cause physical injury.

_____ I understand that it is my responsibility to consult with a physician prior to beginning fitness regimen, and
Initial regarding my participation in the health and fitness classes, programs, or workshops. I attest that I am physically fit and I have no medical conditions which would prevent my full participation in the exercise regimen for which I sign up.

_____ I represent that I understand the nature of these activities and am in good health and proper physical condition to
Initial participate in such activities.

_____ In consideration of being permitted to participate in the health and fitness classes and programs, I agree to
Initial assume full responsibility for any risks, injuries or damages known or unknown which I might incur as a result of participating in the offered programs.

_____ In further consideration of being permitted to participate in the health and fitness classes and programs; I
Initial am aware of the potential risk and danger involved in the activities and I knowingly, voluntarily and expressly waive and release LEWBH and all staff, volunteers, landlords and owners of any liability relating to the use of LF&HC its facilities and my participation in its activities.

_____ All payments are due before service is rendered. All purchases are final. No refunds or exchanges on any purchase
Initial of service. Purchases are non-transferable.

_____ I understand that any children or any other individual who is not participating in classes but has come with me to the
Initial facility is entirely my responsibly.

_____ I, my heirs or legal representatives, forever release, waive, discharge and pledge not to sue Ladan's Eastern
Initial Wellness Center or its staff for any injury or death caused by any representative of LEWBH or my own negligence. I will be solely responsible for any loss or damage I sustain including personal injuries to me, damage to my property, or damage arising out of my death.

_____ RESPECT CLAUSE: I am responsible for my actions and behavior towards others. All persons frequenting LEWBH
Initial agree to act and communicate with others in respectful and kind manner. All member(s), staff and coach(es) are required to treat all persons equally, without discrimination against creed, color, race, ethnicity, religion, sexual identity, and/or sexual orientation. Any type of discrimination, harassment, or intimidation is not acceptable, and is a violation of the respect clause. Lack of adherence to this clause can result in any or all of the following: Refusal or services, banishment from facility, termination of services with forfeiture of any remaining services and/or credits, and/or legal action.

_____ Any staff, coach or representative of LF&HC has the right to refuse service to any patron in violation of the above
Initial agreement, or in violation of the "Club Rules."

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have voluntarily signed the agreement without any inducement and intend it to be a complete and unconditional release of all liability to the greatest extent.

X _____
Signature of Participant

Name of Participant (digital signature)

Date



Ladan's Eastern Wellness Center Rules

- Act in accordance with each clause on member waiver and agreement forms
- All members must sign in before the start of their class.
- All purchases are final. No refunds, exchanges, or transfer of services provided. All programs are month to month. All classes and packages must be used prior to the end of the month or services will be forfeited. All sessions and packages are non- transferable.
- Cancellations for one on one trainings must be made **one business day (Monday-Friday)** prior to scheduled appointment. No-Shows and Cancellations must be made 24 hours in advance or you will be charged full amount for the lost session.
- All members must bring separate clean shoes for exercising due to clean environment.
- All members must not wear any kind of perfumes while exercising due to allergies.
- Return weights and equipment to racks after each use and sanitize all used equipment.
- Members should provide their own towels, sheets and yoga mats.
- Proper attire is required in order to train and exercise.
- All Patrons, Staff and Coaches agree to act in accordance to the "Respect Clause."

I hereby agree to adhere to the club rules and regulations as stipulated in the above document. Any violation of these rules may jeopardize my participation in the Club's activities

Name of Participant

Date

Signature of Participant

PHOTO/VIDEO RELEASE FORM

I hereby authorize Ladan's Wellness Sanctuary, Inc. Beverly Hills and those acting pursuant to its authority a nonexclusive grant to:

- (a) Record my likeness and voice on video, audio, photographic, digital, electronic, online format or on any and all other media.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, publish, republish, exhibit, edit, modify, or distribute, in whole or in part, these recordings in all media without compensation for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings may appear in a variety of formats and media now available to the University and that may be available in the future (e.g. print publications, video tapes, CD-ROM, Internet, mobile, digital).

I hereby release the University and those acting pursuant to its authority from liability, claims, and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims for libel, defamation, or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

_____ Date: _____