



Henschell
·CHIROPRACTIC·
est. 2001

Health Studio Registration

Name _____ Gender M / F

First

Last

Birth Date ____ - ____ - ____ Phone ____ - ____ - ____

E-mail _____

(We will not share your e-mail with anyone; we WILL email receipts and specials to you)

Emergency Contact Name _____

Phone ____ - ____ - ____

Anything we should tell emergency personnel? _____

How did you hear about us?

I'm a Henschell's customer

Internet Search

Facebook

Referred by _____

Newspaper

Other _____

What are your goals with your health; what brought you here? _____

Please list any injuries, ailments or conditions: _____

Release & Waiver of Liability

By signing below, I agree to the Release and Waiver of Liability.

1. I am participating in health and fitness classes, programs, workshops, trainings or events (“Offerings”) offered by Henschell Chiropractic P.S. (the “Clinic”), during which I may receive information and/or instruction. I recognize Offerings are voluntary and may involve physical, emotional, and/or psychological activities and that in case of such an undertaking there is always a risk involved. I understand that in a group setting the instructor cannot always monitor my physical, emotional, and psychological limits, and that I am therefore responsible for assessing the risk any activity poses to me, and choosing a safe course of action for myself. I agree to assume the risk and responsibility for any injuries or damages suffered by me arising out of my participation in Offerings.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Offerings. I represent and warrant that I am in good medical condition and have no condition preventing my participation in Offerings. I recognize that it is my responsibility to inform the instructor of any impairment, illness or injury before every Offering I attend. I will not engage in any practices that are inappropriate for me.
3. I understand that, individually and on behalf of my heirs, assigns, personal representatives or any other associated party (“Relatives”), I agree to release, acquit and forever discharge the Clinic and/or its owners, employees, agents, officers, representatives, teachers, contractors, volunteers, the owner of the premises, all other related persons or entities, etc. (“Clinic and Others”), from any and all liability whatsoever resulting from any damages, losses or injuries (including death) that might arise in any way out my activities. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, and all other such risks being known and appreciated by me. In other words, if I am harmed in any way my Relatives and I are broadly agreeing to waive and forever extinguish the ability to seek damages from the Clinic and Others to the maximum extent permitted by Washington law. Additionally my Relatives and I agree to release, discharge and hold the Clinic and Others harmless from liability for injuries, illnesses, medical bills, damages, etc. incurred and in any way related to Offerings.
4. The Clinic is in no way responsible for the safekeeping of my personal belongings while I attend Offerings. The Clinic and Others have no liability for loss or damage.
5. I am fully aware that the Clinic will, on occasion, modify, remove, add, cancel or otherwise change Offerings. The Clinic reserves the right to substitute teachers as necessary and this is at the discretion of the Clinic. I am fully aware that the Clinic will, on occasion, change rates for their Offerings. The Clinic and Others have no liability for any such changes.
6. The above terms may not be modified orally and if any portion of this waiver and release is found to be invalid, the balance shall remain in full force and effect.

By voluntarily and knowingly signing below, I am acknowledging that, among other things, I have carefully read this entire release and waiver, understand its terms without reservation and, accordingly, my Relatives and I are waiving substantial legal rights.

Signature _____ **Date** ____-____-____

Parent’s Signature _____ **Date** ____-____-____

If under 18, must have waiver signed by parent or guardian