



MASSAGE & BODY TREATMENT INTAKE FORM

All information is confidential

Please complete the following information as thoroughly and honestly as possible. Some of the questions that follow may seem unrelated to your condition, however, they may play a role in treatment. We would like to make your service as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let your therapist know.

Name (Last) (First) (MI) Date of Birth

Phone (Day) (Evening) (Cell)

Occupation

Email Address

MEDICAL

Are you currently under the care of a physician? Yes No

If yes, who is your physician? _____

Please take a moment to carefully read the following list of conditions and questions below and check any that have affected your health either recently or in the past. A referral from your primary care provider may be required prior to service.

- | | | |
|--|--|---|
| <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Cellulite |
| <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Wearing Contact lenses | <input type="checkbox"/> Thyroid (over or under active) |
| <input type="checkbox"/> Difficulty Relaxing | <input type="checkbox"/> Hormonal Therapy | <input type="checkbox"/> High or Low Blood Pressure |
| <input type="checkbox"/> Heart Condition / Pacemaker | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy or Seizures |
| <input type="checkbox"/> Cardiac or Circulatory Problems | <input type="checkbox"/> High level of stress | <input type="checkbox"/> Sinus Infection |
| <input type="checkbox"/> Skin Rashes | <input type="checkbox"/> Muscle Conditions/Pain/Cramps | <input type="checkbox"/> Herpes Virus (i.e. cold sore, fever blister) |
| <input type="checkbox"/> Tension Headaches / Migranes | <input type="checkbox"/> Arthritis or Joint Swelling | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Lethargy |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Lack of normal skin sensation | <input type="checkbox"/> Thrombosis/Phlebitis |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis | |

Recent Illness _____

Contagious Conditions _____

Pregnant/Trimester _____

Metal implants Location: _____

Surgeries What/When: _____

Any other health concerns _____

Cancer _____

Taking Medications _____

Are you allergic to any cosmetic ingredient, medication or food? Please List: _____

What type of and how frequently do you exercise? _____

MASSAGE

When was the last time you received a massage? What type? (i.e.:Deep Tissue) _____

Do you have numbness or stabbing pains anywhere? No Yes (explain): _____

Are you sensitive to touch or pressure in any area? No Yes (explain): _____

Have you had any broken bones, been in an accident or suffered any injuries in the past two years? Yes No

If yes, explain: _____

Do you bruise easily? No Yes (explain): _____

Primary Reason for Massage (maintain health, reduce stress, relieve discomfort): _____

What kind of pressure do you prefer? Light Medium Firm Combination

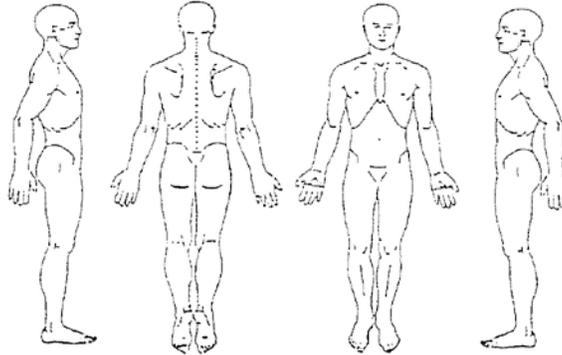
Does anything limit you from care? No Yes (explain): _____

The above information is true and accurate to the best of my knowledge. I am aware of and will inform my practitioner(s) of any changes in my health. I understand that this massage does not constitute as medical treatment but rather is a form of relaxation. I take full responsibility for alerting my practitioner to any physical condition that would affect this work.

(Initials: _____)

TREATMENT AREAS

Please take a moment to show us the areas on the figures below where you are experiencing pain, soreness, discomfort or tension.



WAIVER AND RELEASE OF LIABILITY

1. RELEASE OF LIABILITY – To the maximum extent allowed by law, I, the undersigned (“I”), agree to waive and release any and all claims, suits or related causes of action against Professional Recreation Organization, Inc., its owners, officers, employees, or agents (collectively “PRO Sports Club”), for negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, while on the premises of PRO Sports Club or participating in any off-site PRO Sports Club program or activity.

2. ASSUMPTION OF RISK – I understand and acknowledge there are risks involved with spa services and treatments. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive PRO’s liability if such results or complications occur. I further understand my failure to follow post care instructions may also lead to undesired results, complications or effects and hereby waive PRO’s liability if such results or complications occur. In consideration for PRO performing this procedure, I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me and/or my family while undergoing this procedure or side effects that may be experienced after the procedure is performed. I understand that the service providers do not diagnose illness, disease, or any other physical or mental conditions. The providers also do not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal adjustments. Spa services are not a substitute for medical examinations and diagnosis. It is recommended that I see a physician for any physical or mental ailment that I might have. Any sexual misconduct exhibited by the Client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. If for any reason I am uncomfortable, I may ask the therapist to cease the massage and the therapist will end the session. If I cancel, reschedule, or skip an appointment without 24 hours notice, I agree to forfeit the full session fee.

3. INDEMNIFICATION – I agree I will indemnify, defend and hold PRO Sports Club harmless, to the maximum extent allowed by law, from negligence, injury, loss, death, costs or other damages to me, my heirs or assigns, or third parties for claims, suits, or related causes of action asserted against PRO Sports Club arising from my conduct and/or my family’s conduct while on the premises of PRO Sports Club or participating in any off-site PRO Sports Club program or activity.

4. APPLICATION – I agree that this Waiver and Release of Liability (“Release”) shall apply to each visit I make to PRO Sports Club, including future visits, regardless of any date of issuance or expiration date on the Guest or Permanent membership card, and regardless of the date that this form is signed below.

5. AGREEMENT TO COMPLY WITH RULES – I agree to, and will comply with, PRO Sports Club’s Policies as posted at www.proclub.com and, if I am a PRO Sports Club member, any specific usage restrictions as defined on the Membership Agreement. I acknowledge PRO Sports Club’s Policies are subject to change at the sole discretion of PRO Sports Club.

6. BINDING ON OTHERS – This Release shall bind the members of my family and my spouse or registered domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased and shall be deemed as a “Release, Waiver, Discharge and Covenant” not to sue PRO Sports Club.

7. SEVERABILITY – I agree that the purpose of this Release is that it shall be an enforceable release of liability and indemnity as broad and inclusive as is permitted by Washington law. I agree that if any portion or provision of this Release is found to be invalid or unenforceable, then the remainder will continue in full force and effect. I also agree that any invalid portion will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of the Release.

8. APPLICABLE LAW, FORUM & ATTORNEY’S FEES – This Release is governed by and shall be construed in accordance with the laws of the state of Washington, without any reference to its choice of law rules. I agree that any dispute arising from this Release or in any way associated with PRO Sports Club shall be brought only in the Superior Court of King County, Washington, or in the U.S. District Court for the Western District of Washington, and I agree to the jurisdiction and venue of those courts for any such dispute. In any litigation in which the validity or enforceability of this Release is contested, I agree that the substantially prevailing party will be entitled to receive all attorney’s fees and costs from the party contesting the validity of this Release.

9. INTEGRATION – This Release, in conjunction with the Membership Agreement, encompasses the entire agreement of the parties, and supersedes all previous understandings and agreements between the parties, whether oral or written. I acknowledge that no oral representations, statements or other inducements to sign this Release have been made apart from what is contained in this document.

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above. I have fully informed myself of the contents of this release by reading it before signing it. By my signature below I understand and agree to the above terms and conditions. All of the above information is true and accurate to the best of my knowledge. I take full responsibility for alerting my practitioner to any physical or mental condition which would affect my service or results. I am aware of and will inform my practitioner(s) of any changes in my health. I understand that these services do not constitute as medical treatment.

ACKNOWLEDGEMENT OF WAIVER AND RELEASE:

I acknowledge that I have been provided and have read the waiver and release of liability.

MAXIMUM LIABILITY. PRO SPORTS CLUB’S MAXIMUM AGGREGATE LIABILITY TO PATIENT RELATED TO OR IN CONNECTION WITH THE PROCEDURE PERFORMED BY PRO SPORTS CLUB, ITS EMPLOYEES, OR AGENTS WILL BE LIMITED TO THE TOTAL AMOUNT PAID TO PRO SPORTS CLUB BY PATIENT FOR THE PROCEDURE DESCRIBED IN THIS AUTHORIZATION AND CONSENT.

Client Signature

Date

PRO Sports Club Representative

Date

IF GUEST OR MEMBER IS A MINOR, SIGNATURE OF PARENT OR RESPONSIBLE ADULT IS REQUIRED BELOW:

1. PARENTAL RELEASE OF LIABILITY – In consideration of the minor child being permitted to utilize PRO Sports Club’s facilities, I accept and agree to the full contents of this Release.

2. PARENTAL INDEMNIFICATION – I agree to release, indemnify, defend and hold PRO Sports Club harmless from all liabilities and future claims presented by my children or any other minor children and/or their parents, whose visit to PRO Sports Club is sponsored by me, for any injuries, losses or damages to themselves or any family member or registered domestic partner. This includes any claim of the minor and any claim arising from the negligence of PRO Sports Club.

3. PARENTAL REPRESENTATION OF AUTHORITY – I agree that I am authorized to sign this Release on behalf of the child by all of the parents and/or legal guardians of the child. I represent that all parents and/or legal guardians of the child know of and acquiesce to the signing of this Release and agree to waive and release any and all claims, suits or related causes of action against PRO Sports Club.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE SIGNING IT.
BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian (if the guest or member is under the age of 18)

Date

PRO Sports Club Representative

Date