Intelligent Movement Systems, LLC

3475 S. Marion, Englewood, CO 80113
303-726-1660

Please Print Below

Name: _____ Date:_____

Address: _____

Email Address: _____

Age: _____ Gender: _____ Weight: _____ Height: _____

Phone (H): _____ (W): _____ (C): _____

In case of emergency, notify: _____

Relationship: _____Phone: _____

1. Rate your current health: □ Excellent □ Good □ Average □ Poor
2. Do you smoke: □ Yes □ No
3. If you have quit smoking, how long ago did you quit? _____
4. Are you currently taking any medications or over-the-counter remedies? □ Yes □ No

Please list medication/remedies and what they are being taken for:

_____

_____

_____

_____

When was your last physical examination? _____

5. **Females only:** Are you currently pregnant? □ Yes □ No
6. Have you experienced or been diagnosed with the following? (Check all that apply)

❑ High blood pressure	❑ High cholesterol	❑ Abnormal EKG
❑ Irregular heart beat	❑ Dizziness or fainting	❑ Diabetes
❑ Asthma	❑ Arthritis	❑ Stroke
❑ Epilepsy	❑ Joint problems	❑ Chest pains
❑ Shortness of breath at rest or with mild exertion	❑ Osteoporosis	❑ Obesity
❑ Any other respiratory condition	❑ Any other cardiovascular condition	❑ Other

Please explain other conditions:_____

_____

_____

_____

_____

_____

_____

7. Have you had an injury, surgery or other problem with any of the following? (indicate right or left)

8.

- ❑ Ankle
- ❑ Wrist
- ❑ Back
- ❑ Elbow
- ❑ Hip
- ❑ Shoulders
- ❑ Neck
- ❑ Knee
- ❑ Other _____

9. Explain surgery/ies and/or any other illnesses, diseases or physical limitations not already indicated that might affect your ability to participate in physical activity:_____

_____

_____

_____

_____

_____

_____

10. Indicate your current level of activity:

- ❑ Sedentary (Inactive or less that three days per week)
- ❑ Moderately Active (Participate in moderate to high intensity activities 3-4 days per week for at least 30 minutes per session)
- ❑ Active (Participate in moderate to high intensity activities 5 or more days per week for at least 30 minutes per session)

Please list the physical activities that you enjoy doing:_____

_____

_____

_____

_____

_____

_____

_____

_____

Waiver of Liability & Informed Consent

I have enrolled in a program of physical activity including, but not limited to, exercise and body conditioning, with and without equipment used at Intelligent Movement Systems, LLC, (IMS). All my injuries and illnesses past and present have been fully disclosed to IMS. I hereby affirm that I am in good physical condition and do not suffer from any undisclosed disability that would prevent or limit my participation in this program. I agree to report any changes in my physical condition to IMS immediately. If I feel any discomfort in performing any given exercise, I understand that it is my responsibility to stop and inform the instructor immediately. I also understand that I will be exercising without shoes in an environment with multiple pieces of equipment and do so at my own risk.
For myself, my heirs and assigns, I hereby release Intelligent Movement Systems, LLC and owner from any claims, demands, and cause of action arising from my participation in this exercise program and from any liability now or in the future for any illness and/or injuries of any kind I may incur, however, caused, during or after my participation in this exercise program.

Payment of Services

IMS accepts cash, checks, debit cards, and credit cards. When using a credit card or debit card there will be a three point five (3.5%) percent charge added to the bill for electronic processing fees. When purchasing a package of multiple sessions (5 or 10 sessions), those sessions must be used within (6) six months of the purchase date, or the sessions will expire and refunds will not be given.

Cancellation or Missed Appointments

I understand that I will be charged the full fee for missed or canceled appointments for any reason unless I have provided cancellation notice 24 hours in advance.

I hereby affirm that I have read and fully understand the Waiver of Liability and Informed Consent.

Signature: _____ Date: _____

Accepted (IMS):_____ Date: _____