

Date: _____

Body Technic Systems®, Inc.
33200 Bainbridge Rd. Ste. D
Solon, Ohio 44139
440-248-9255 phone
440-248-3608 fax

Client Information

Name: _____ Date of birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell phone: _____

Home phone: _____ Work phone: _____

E-mail: _____

Occupation: _____

Referral: _____ Phone: _____

What is your reason for sessions?

Have you had either of the following? ____surgery ____therapy

If so, provide the dates: _____

Recent x-rays, MRI's or other tests done? Specify _____

If you had therapy, what type? _____

Who was the therapist/surgeon? _____

Do you have a history of bone, joint, or muscle problems?

Do you have any other medical problems (ulcers, diabetes, cardiac problems, asthma, etc.?)

Are you currently taking any medication? _____

Do you have any allergies? _____

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Payment Policy

Please read carefully prior to signing. Once you sign this there will be no refunds in full or in part for any services rendered whatsoever.

1. I agree to receive services from Body Technic Systems®, Inc. for myself or family member.
2. Payment for all services rendered by Body Technic Systems®, Inc. will be made **in full at the time of service** by cash, check, Mastercard, Visa, Discover, or American Express.

Signature

Date

(Print full name)

Cancellation Policy

I _____ understand that I must cancel an appointment with Body Technic Systems 24 hours prior to that appointment. I also understand that if proper contact is not made, I will be charged for that appointment.

Signature: _____

Date: _____



Body Technic Systems, Inc[®]
33200 Bainbridge Rd., Suite. D
Solon, Ohio 44319

Release and Waiver

Please read the following contract carefully

I, the undersigned, acknowledge that I am applying to Body Technic Systems (referred to as BTS-“release”) for instruction in a program of physical activity and possible personal body contact including but not limited to possible strenuous exercise, use of weights, balls, explore boards and suspension swings.

As a condition to my being permitted to participate in BTS programs, I

for myself, for my personal representatives, my heirs, next of kin, spouse and assigns do hereby:

- 1) Release, Discharge and Covenant Not to Sue. I agree not to sue the sponsors, instructors, agents, employees or fellow students for any and all claims and liability arising out of strict liability or ordinary negligence of releasees or any other participant who causes me injury. I agree to hold releasees harmless and indemnify them for any claim, judgment or expense releasees may incur arising out of my activities in said training.
- 2) I voluntarily elect to accept all risks connected to my participation in BTS programs. I release BTS from any liability now or in the future for any injury or condition including, but not limited to: heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee / lower back / foot injuries and any other illness soreness or injury however caused, occurring during or after my participation in the BTS exercise program.
- 3) I assume the risk of all injury and do hereby hold BTS, its employees, owners and agents harmless from any and all liability (including attorney’s fees and costs) for claims, actions, or damages due to injuries suffered by me or cause to third parties by me, arising out of activities involving BTS, or any variation thereof, whether occurring on the premises of BTS or elsewhere, excepting only those claim, actions or damages cause by willful or intentional act by any of them.

I agree to abide by the rules of BTS and agree to follow explicitly all instructions given during the course of my instruction.

I have read this document. I understand it is a release of any and all claims.

I understand I assume all risk inherent in this training.

I voluntarily sign my name evidencing my acceptance of these provisions.

Signature: _____ Date: _____
 (“Releasor” parent or guardian signature needed if under 18)

Name: _____ (“Releasor”)

Phone: _____

Address: _____

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Fee Schedule*

Personal Training Services/Fitness Classes

PRIVATE FITNESS TRAINING	Sunday Homitz	Certified Instructor	Student Instructor
Private Session:			
1 Session Package	\$125	\$85	\$70
5 Session Package	\$550	\$375	\$300
10 Session Package	\$950	\$650	\$550
Custom Packages Available			

Notes _____

***All fees are subject to change**