

Running Clinic

Office Use Only			
<input type="checkbox"/>	MB	<input type="checkbox"/>	Ref. _____
<input type="checkbox"/>	Rel.	<input type="checkbox"/>	FV _____
<input type="checkbox"/>	IFS	<input type="checkbox"/>	Wel. _____
<input type="checkbox"/>	Update	<input type="checkbox"/>	

Personal Intake Form

Name: _____ Date: _____

Address: _____ Postal code: _____

Home phone #: _____ Cell #: _____

Email address: _____

DOB (D/M/Y): _____ Age: _____ Weight: _____ Height: _____

Work phone #: _____ Referred by: _____

The phone # you would like us to use when contacting you is: _____

Emergency Contact _____ Phone Number _____

Emergency Contact Relation _____

Medical Conditions: _____

Active Chiropractic and BodySculpt BootCamp Waiver

All participants in an Active Chiropractic- Running Clinic and related events are required to assume all risk of participation in the program by signing this general release and agreement.

I understand that fitness programs have potentially hazardous activities associated with them. I should not participate prior to approval by my physician. I assume any and all other risks associated with these events including but not limited to falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the parks/workout area, all such risks being known and appreciated by me. Knowing these facts, in consideration of Running Clinic accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages sustained by me as a result of this program, for any cause whatsoever, including negligence. It is expressly understood by the undersigned that this program is entered into at the sole risk of the undersigned and that Active Chiropractic is exempt from liability for any and all damages sustained and any and all injury and loss, including personal and property loss arising from any cause whatsoever, including negligence. I hereby acknowledge having read this release and waiver and I understand and voluntarily accept its terms.

Running Clinic Policies: When possible, please arrive 10 minutes before class starts so we can maximize our time. Always bring **indoor** shoes for inside the clinic sessions. In the case that a class is cancelled by Active Chiropractic, you will be entitled to a make-up class. **A \$20 deposit is required to register and hold your spot in a session prior to the session start.** Payment is due **in full** in the **1st week of classes of the session.** You are able to make up a class within the session as long as adequate notice is given in advance and there is space in another class to accommodate your request (please see cancellation policy).

Return & Refund Policy: No refunds or credits of any fees will be given once the first week of the session is complete for BodySculpt BootCamp, Yoga, and Running Clinics, however it may be possible to discuss and determine by management on a case to case basis for extenuating circumstances. Please note that the \$20 deposit to register and hold your spot is **non-refundable and non-transferable.** Unused classes in your series during a session are **non-transferrable and non-refundable.**

Cancellation Policy: Your class reservation is reserved especially for you. We ask you to please let the front desk staff know **in advance** when you are unable to attend a class (the more time you can give us the better we are able to accommodate other members as well as yourself). As we do require **2hrs notice** to cancel a class; otherwise, that class will be deducted from your package. The class will also be deducted from your package if you have reserved a spot and are absent. Please call the clinic up to 1hr prior for the possibility of an early cancellation exception.

Signature of Participant _____

Date _____

Active Chiropractic Health Centre will never sell, trade, rent exchange or otherwise share your personal information with any other person, company, or organization. Privacy is of paramount importance to us. The information you provide us including your name, address, phone numbers, email address, purchases, and credit card information is used to process your order or registration, to answer your questions, and to send you periodic mailings about our services or upcoming events.



Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a **PAR-Q** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. **PAR-Q** has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

1. Has your doctor ever said you have heart trouble?	Yes	No
2. Do you frequently have pains in your heart or chest?	Yes	No
3. Do you tend to lose consciousness or fall over as a result of dizziness?	Yes	No
4. Do you have a <u>bone or joint</u> problem that could be or has been aggravated by exercise?	Yes	No
5. Has your doctor ever recommended medication for your <u>blood pressure</u> or a <u>heart condition</u> ?	Yes	No
6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	Yes	No
7. Are you over the age of 65 and not accustomed to vigorous exercise?	Yes	No
If you answered <u>YES</u> to one or more of the above questions, please answer the following questions:		
8. Have you consulted with your physician regarding increasing your physical activity and/or performing a fitness assessment? ____ initials	Yes	No
9. If you answered no to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? ____ initials	Yes	No

Participant Name: _____ **Signature** _____ **Date** _____

Trainer's Name: _____ **Signature** _____ **Date** _____



5K/10K Training

Name: _____

Last Race: _____

Time: _____

Personal Best: _____

5K or 10K Goal Time (circle one)(eg. 20 minutes, to complete): _____

Topics that I want to learn about:

I want to participate in the weekend running club (circle): YES NO



Under the Canada Anti-Spam Legislation (CASL), effective as of July 1, 2014, we require your consent in order to send you electronic communications; for example, the latest in exercises, nutrition information, class schedules, appointment reminders and any other information that may be of interest to you. To allow us to continue providing information that is relevant to you, please take a moment and check the boxes for the information that you would like to receive.

Active Chiropractic would not want you to miss out on any information that is beneficial to you.

First Name: _____

Last Name: _____

Email address: _____

Appointment Reminders/Confirmation	
Clinic Newsletter	<input type="checkbox"/>
Chiropractic – News	<input type="checkbox"/> Kinesiology - News
BootCamp – Registration	<input type="checkbox"/> BootCamp – News/Information
Yoga – Registration	<input type="checkbox"/> Yoga – News/Information
Running Clinics – Registration	<input type="checkbox"/> Personal Training
Counselling	<input type="checkbox"/> Nutrition Counselling
Naturopathic Medicine	<input type="checkbox"/> Physiotherapy
I do <u>NOT</u> wish to receive <u>ANY</u> emails	

You may withdraw your consent or modify your subscription preferences at any time.

Dated this _____ day of _____, 20_____.

Signature

Name – please print

Witness - Signature

Name – please print