

Pro Fitness Network New Client Information Form

Client Information:

Name: _____ Date: _____

Services Sought: _____

Trainer / Therapist: _____

E-mail: _____ Phone: _____

How Did You Learn About Us?

Referred by: _____

Magazine (Which one?): _____

Search Engine (Which one?): _____

Website (Which one?): _____

Did you read about us on any review websites? (Which one?): _____

Waiver and Release of Liability for Massage Therapy and Acupuncture

I, the undersigned, have voluntarily requested massage therapy or acupuncture therapy (the "Services") provided by therapist at the Pro Fitness Network fitness facilities, located at 184 E. Glenarm St. #101, 107, & 108, Pasadena, CA (the "Property").

I do hereby agree to hold therapist harmless, as well as Pro Fitness Network and Carina Weston from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or relating to the Services and use of the equipment at the Property. I acknowledge I have thoroughly read this waiver and release and I fully understand that it is a waiver and release of liability. By signing this document, I am waiving any right that I, or my heirs and/or assigns may have to bring any and all legal actions or assert any and all claims against therapist, as well as Pro Fitness Network and Carina Weston.

Print Name: _____

Signature: _____

Date: _____