

## ACKNOWLEDGMENT AND WAIVER

In consideration of receipt from Fix Healthcare Ltd. of yoga classes, pilates private sessions, supervised classes, independent unsupervised open studio sessions (collectively, the “**Services**”) provided at Fix Healthcare Ltd, located at 2958 Jutland Road, Victoria, BC and 805 Johnson Street, Victoria, BC and/or of passes for the Services at Fix Healthcare, I, the Undersigned, acknowledge and agree with the following:

- **Inappropriate Behaviour**. Any instructor at the Fix Healthcare may cancel a pass, at any time, due to any inappropriate behaviour, as determined by the instructor, acting reasonably, without any liabilities, debts, claims or any obligations of any kind whatsoever against Fix Healthcare Ltd. or any of its owners, directors, officers, operators, instructors, volunteers or other representatives.
- **Schedule Changes**. The schedule for the yoga classes and Pilates sessions may vary from time to time, including variations in times and frequency of the classes or sessions.
- **Instructor Changes**. Instructors for the yoga classes or Pilates sessions may vary from time to time.
- **Waiver of Right to Sue**. I waive any and all claims I may now and in the future have against, and release and forever discharge from all liability, and agree not to sue, Fix Healthcare Ltd for any personal injury, death, property damage or loss sustained by me as a result of my participation in the Services due to any cause whatsoever, including without limitation, active or passive negligence, imprudence, lack of skill, error or judgment, breach of contract, or breach of statutory duty of care on the part of Fix Healthcare Ltd, its owners, operators, instructors, volunteers or other representatives. I am in proper physical condition to participate in the Services and am aware that participation could, in some circumstances, result in physical injury.
- **Indemnity**. I agree to save harmless and indemnify Fix Healthcare Ltd. from and against any and all liability for any personal injury, death, property damage or loss to any third party, resulting from my participation in the Services.
- **Representation**. I represent that I am in proper physical condition to participate in the Services and I have informed Fix Healthcare Ltd. of all existing medical conditions, past and present injuries and other physical limitations, including suspected pregnancy.
- **Information**. I agree to allow the practitioners of Fix Healthcare Ltd. to share relevant information about my health and wellness.
- **General**. This Acknowledgement and Waiver is governed by and interpreted in accordance with the laws of British Columbia. The Undersigned atones irrevocably and unconditionally to the jurisdiction of the courts of British Columbia in respect of any action or proceeding commenced in respect of this Acknowledgement and Waiver. This Acknowledgement and Waiver is binding on the Undersigned and the Undersigned’s heirs, executors, administrators and personal representatives and assigns.
- **Third Party Benefits**. If I am using my extended benefits, I authorize Fix Healthcare to direct bill online on my behalf and receive payment for my treatments directly. I agree that I will be responsible for any fees which are not covered by my third party benefits plan, including those which may be initially accepted but later refused by my insurance.

**In consideration of other patients and our practitioners, a minimum of 24 hours’ notice is required to change or cancel appointments. This time has been reserved for you and unattended appointments prevent practitioners from seeing other patients. Patients will be expected to cover the full treatment fee in the case of missed appointments or late cancellations that cannot be booked by another patient. Please be advised that non-attended appointments cannot be billed to insurance providers. Thank you for your consideration.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature (the “Undersigned”)



**FIX STUDIO CLIENT PROFILE**

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Address (Street, City, Province, Postal Code) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Would you like appointment reminders?:  Email \_\_\_\_\_  Text

Medical Doctor \_\_\_\_\_ Your Occupation \_\_\_\_\_

Who referred you to us? Google / Drove By / Friend / Fix Healthcare Sign / Other \_\_\_\_\_

What type of movement have you experienced?

- Dance
- Swimming
- Sports (please list) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_
- Yoga
- Aerobics
- Martial Arts
- Nautilus
- Running
- None

Have you ever had: (please check any of the following and/or list details below)

- High Blood Pressure
- Whiplash
- Fractures
- Pregnancy (in the past)
- Heart Problems
- Surgery
- Asthma
- Pregnancy (current)
- Joint Problems
- Liver Disease
- Cancer (type \_\_\_\_\_)
- Recently given birth
- Diabetes
- Sprains

Accident and Injury History – Please list any previous short term and permanent injuries:

\_\_\_\_\_  
\_\_\_\_\_

Chronic illness:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that could affect your work with us? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

What are your fitness goals? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medications? Y / N \_\_\_\_\_

Contact in the event of an emergency: \_\_\_\_\_ Phone # \_\_\_\_\_