

### ***Things To Know Before Your Session***

IMPORTANT: Please read this section before your session, even if you choose to wait to fill out the form in the office.

- Please wear activewear to each session to facilitate optimal movement and treatment.
- You will be clothed throughout the session, but may be asked to remove layers for better access to the body areas that need treatment. For this reason, please bring shorts and a sports bra (if applicable) in case regular clothing is not conducive to the style of movement or manual work needed in your session.
- Please bring a bottle of water with you to each session.
- Minors must be accompanied by a parent or legal guardian for the full duration of the session.
- Appointment(s) must be cancelled at least 24 hours in advance of the scheduled session, or A) Pay a \$50 fee for late cancellation/rescheduling, or B) Pay the full cost of the session for a no call, no show.
- COVID-19 UPDATE: I will be waiving all cancelation fees for individuals experiencing symptoms of any type, as well for those who have been, or think they have been, in contact with any individual with COVID-19.
- COVID-19 Screening: In order to ensure the safety of our clients and practitioners, individuals will be temperature checked and asked a series of COVID-19 related questions before the session begins. Any red flags will result in a rescheduling of the appointment per Rules and Regulations set from the State of Colorado.
- Masks will be required for entrance into the office, and for the full duration of the session per Rules and Regulations from the State of Colorado.

*Thank you for taking the time to read this. I look forward to working with you soon.*

*All the best,*

*Chris Gonzales, LMT*

*Cell: (719) 301-4967*

*Chris@FunctionalMassageTherapy.com*

*Manitou Wellness Center: (719) 634-5234*

**Client Intake Form**

*Please Print Legibly*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Any other conditions your therapist/trainer needs to know (diseases, injury, illness, allergies...):

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

Reason for Visit: \_\_\_\_\_

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

## Waiver and Release Form

Because physical exercise can be strenuous and subject you to risk of serious injury, *Functional Massage Therapy (FMT) The Movement Training Company, LLC (MTC)* and your massage therapist/trainer Chris Gonzales urge you to obtain a physical examination from a doctor before beginning any exercise/training program.

You agree that by participating in these physical exercise sessions or personal training activities, you do so entirely at your own risk. This includes, without limitation, (a) your use of all amenities and equipment in the facility and any off site location and your participation in any activity, class, program, personal training or instruction, (b) any environmental factors or acts of nature (c) our instruction, training, supervision, movement or dietary recommendations.

You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury. You expressly agree to release and discharge your trainer/instructor/massage therapist from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur, regardless of negligence.

By signing and participating, you agree that *Functional Massage Therapy, The Movement Training Company, LLC*, its authorized agents, employees and assignees may use the photos, videos, quotes, and/or audio recordings for purposes such, but not limited to: marketing, paid product, review and promotional via any medium they deem appropriate. No compensation will be paid for this use, nor is any recognition required.

\_\_\_\_ You agree to reschedule or cancel your appointment(s) at least 24 hours in advance of the scheduled appointment, or pay a \$50 fee for late cancellation/rescheduling, and the full cost of the session for a no call, no show.

\_\_\_\_ You understand that services offered are not a substitute for medical care; You understand that your massage therapist/trainer is not a doctor or physical therapist, and is therefore not trained to perform high velocity spinal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_ You understand that massage and manual therapy is entirely therapeutic and non-sexual in nature. You agree that any misconduct as determined by the therapist/trainer will immediately end the session, and no refund will be offered.

\_\_\_\_ You understand that you will be clothed throughout treatment, but may be asked to remove layers for better access to the body areas that need treatment. People are sometimes treated in just shorts and, if applicable, a sports bra. Along with this, it may be necessary for treatment for your massage therapist to place his hands underneath parts of your clothing (Ex: Bra strap to reach the shoulder, shorts to reach the hips, etc.). This will always be clearly communicated. Your comfort and modesty are always of the utmost importance, and alternative methods may be worked out during a session.

*Waiver and Release Form Continued...*

\_\_\_\_ You agree to inform your massage therapist/trainer if you experience pain or discomfort during the session so adjustments can be made to your comfort level. You will not hold your therapist/trainer responsible for any pain or discomfort you experience during or after the session.

\_\_\_\_ You understand that the following sometimes occurs during sessions, and they are normal responses to treatment. Muscle cramping/spasming, urge to move/change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, energy shifts, memories.

\_\_\_\_ You affirm that you have notified your massage therapist/trainer of all known medical conditions/injuries. You agree to inform them of any changes in my health and medical condition. You understand there shall be no liability on the massage therapist/trainer's part if you forget to do so.

You acknowledge that you have carefully read and understood this waiver and release and fully understand that it is a release of liability. By signing this release, you hereby release your therapist/trainer and *The Movement Training Company, LLC* from any and all liability, past, present and future relating to movement/exercise training, myofascial release, and manual therapy, negligence, or any other personal injury or property damage or loss action.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

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***Client/Participant's Signature - Date***

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***Print Name***

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***Parent or Legal Guardian's Signature (if applicable) - Date***

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***Print Name***