



# THE BODY PROJECT

*Specializing in Holistic Health and Fitness*

2255 Waters Drive | Mendota Heights, MN 55120 | 952- 220 -7201

## Wellness Agreement

CLIENT INFORMATION – (Please Print Clearly)			
First Name	M.I.	Last Name	
Birth Date (MM/DD/YYYY)	Email Address		
Home Phone #	Cell Phone #		
Street Address	City	State	Zip Code
Emergency Contact Person	Relationship	Phone Number	
Referred by			

***We do not pre-diagnose, treat or cure your condition. We are evaluating the stressor on your body that is not allowing it to heal.***

### RELEASE OF LIABILITY and ASSUMPTION OF RISK

The use of the facilities at The Body Project naturally involves risk of injury to you and your guest, whether you or someone else caused it. As such, you understand and voluntarily accept this risk and agree that The Body Project will not be liable for any injury, including, without limitation, personal bodily or mental injury, economic loss or any damage to you, your spouse, guests, unborn child or relatives, resulting from the negligence of The Body Project or anyone representing The Body Project or anyone using the facility.

Further you understand that The Body Project does not manufacture any of the fitness or other equipment at its facilities, but purchases and/or leases equipment from third parties. As such, you understand that The Body Project is providing recreational services and may not be held liable for defective products. If there is a claim by anyone based on injury, loss or damage described herein, which involves you or your guests, you agree to defend The Body Project for all liabilities to you, your spouse, guests, relatives or anyone else resulting from such claims.

**I hereby agree to irrevocably release, waive and hold harmless The Body Project and any contractors utilized by The Body Project from and against any and all claims of liability of whatsoever kind or nature arising out of or in the connection with my session(s).**

Except for the release, waiver and hold harmless provisions detailed above, the Paying client can cancel this agreement and receive a full refund at any time prior to Midnight of the (3<sup>rd</sup>) business day after the date of this agreement was signed. To cancel this agreement, the client must stop in and fill out a cancellation form and speak to a Body Project representative.

I authorize The Body Project to use, reproduce, and/or publish photograph that may appear on The Body Project's website and social media pages. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I understand that the program(s) that I am purchasing from The Body Project will be paid in full at the time of purchase unless the program has an option to make installment payments. If the program has an option to make installment payments, I understand that I am agreeing to pay for the entire program even if I choose not to complete the program. Fitness clients are required to submit a 30-day written notification to terminate their monthly memberships.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Body Project Staff Signature

\_\_\_\_\_  
Date