



Client Agreement

Movement Revolution, MVMTRevolution LLC (hereinafter, "MR"):

Welcome to the Movement Revolution Family! Please read this content of this agreement carefully.
We look forward to working with you and *empowering you to live stronger every day!*

1. I understand the nature of Movement Revolution's activities, and my physical condition and capabilities, and I believe that I am physically capable of participating in such activity. I further acknowledge that I am aware that the activity may be conducted in facilities open to the public or members of the public and/or employees of another corporate entity or entities, during the activity. I further agree and warrant that any time, if I believe any condition to be unsafe, I will immediately discontinue further participation in the activity and bring such condition to the attention of the management of MR.
2. **I FULLY UNDERSTAND** that (a) the activities of MR involve risks and dangers of **SERIOUS BODILY INJURY**, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by me or by the actions or inactions of others participating in the activity, the conditions under which the activity takes place, or **THE ACTIONS OR INACTIONS OF THE "RELEASEES" NAMES BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time, and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities and agree that **to the full extent provided by law the Releasees named below will not be responsible for such losses, costs and damages.**
3. **TO THE FULLEST EXTENT PERMITTED BY LAW I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS MVMTRevolution LLC (d.b.a. Movement Revolution)**, its clubs and their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees, I will be responsible for the payment to any or all of the Releasees harmed by such assertion of a waived claim, or any expenses arising from my assertion of waived claims or causes of action, including but not limited to reasonable attorney fees and court costs.
4. I certify that I have had no injuries to my body, whether fractures, broken bones, or otherwise, within the three months preceding the dates of completion of this entry form, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and/or conditions in the future, I will immediately notify the officials of these events and/or conditions, and immediately cease my participation in said events and activities.
5. I hereby further agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable, if any one or more provision is found to be unenforceable or invalid, said provision shall not affect the other terms and provision, which shall remain binding and enforceable.

Program and Appointment Policies and Procedures:

1. **Assessment:** Please note that a 90-minute comprehensive fitness assessment, which includes our initial consultation, posture screening, movement screening, plus strength, flexibility, mobility, and cardiovascular tests, is required prior to participating in all programs.

2. **Cancellation Policy:** All services must be cancelled at least **24-hours** prior to your scheduled session or your account will be debited for the full service amount.
3. **Payments:** All payments are to be made by check (preferably), or credit card only in-person or online. Cash is not accepted. All checks can be made out to: Movement Revolution.
4. **Cleanliness:** In order to keep your training environment clean and safe, we request that all clients use proper hand sanitization before, during, and after exercise. Please bring your own reusable water bottle and bring your training shoes in separate from street shoes on those wet days of the year. We leave 10 minutes in-between all sessions to ensure all equipment and surfaces are properly sanitized between each session.
5. **Arrival:** Please be prepared and arrive to your sessions at least 5 minutes early to ensure that we can start on-time. We value your time and each minute we spend with you is carefully designed to help you reach your goals. Sessions will not be taken over the scheduled hour timeframe and missed time cannot be made up.
6. **Drop-Off/Pick-Up/Self-Care:** If you're dropped off by a family member or caregiver, we request that the family member or caregiver be present until the start of the session and hand off to your Exercise Specialist. We also request that you do the same when picking them up. If the client needs assistance with personal care, we ask that the family member or care partner stays in attendance during all sessions. Same applies for all in-home services.
7. **Personal Conduct:** Movement Revolution and it's staff provide a specialized, professional level of service. We hold our staff to a very high level of professionalism and respect through our communication, expertise, and the services provided. We kindly ask that all clients, family members, and care partners return that respect for professionalism and quality care. We may elect to discontinue services in situations where this cannot be accomplished.
8. **HAVE FUN.** Welcome to the team, lets get to work!

Date ____/____/____

Printed Name of Applicant

Signature of Applicant