

# Welcome to **The Movement Society,**



**THE  
MOVEMENT  
SOCIETY**

Help us learn about you, your body, movement experience and goals. The more information you give us, the better. We use this information to ensure modifications are keeping your body safe and movement experience positive.

**FIRST NAME**

**LAST NAME**

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Emergency Name & Contact:** \_\_\_\_\_

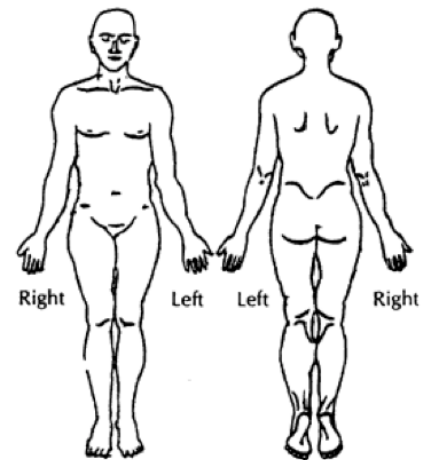
**How did you hear about us?**

<input type="checkbox"/> Elise	<input type="checkbox"/> Facebook	<input type="checkbox"/> MVMT Instructor _____
<input type="checkbox"/> IG @mvmtsociety	<input type="checkbox"/> Google	<input type="checkbox"/> Referred by _____
<input type="checkbox"/> Other _____		

## Medical History

Please tick if you have or have any of the following

<input type="checkbox"/> Acute Spinal Injury	<input type="checkbox"/> Asthma
<input type="checkbox"/> Joint Replacements / Surgery	<input type="checkbox"/> Any major surgery in last 12 months
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Stroke
<input type="checkbox"/> Prenatal / Recently given birth	<input type="checkbox"/> Any post-natal complications
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cancer
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Other (Please specify below)



Please provide us with clear details. Include any past or current injuries/pain/limitations that will affect your movement experience.

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

## Movement Past

How often do you currently exercise? ..... times per week.

How consistent has this been?

<input type="checkbox"/> Very Inconsistent	<input type="checkbox"/> Very Consistent	<input type="checkbox"/> Exercise type same, amount varies	<input type="checkbox"/> Exercise type changes, amount same
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Are you getting the results you desire? If not, why not?

## Movement Goals

What is most important to you?

<input type="checkbox"/> Body looking better	OR	<input type="checkbox"/> Body moving better	OR	<input type="checkbox"/> Both
<input type="checkbox"/> Feel the burn	OR	<input type="checkbox"/> Perform advanced moves	OR	<input type="checkbox"/> Both
<input type="checkbox"/> Flexibility	OR	<input type="checkbox"/> Strength	OR	<input type="checkbox"/> Both
<input type="checkbox"/> Cardio to lose weight	OR	<input type="checkbox"/> Sculpting work	OR	<input type="checkbox"/> Both
<input type="checkbox"/> Cheaper cost	OR	<input type="checkbox"/> Greater experience	OR	<input type="checkbox"/> A Balance
<input type="checkbox"/> Commitment (ie. booking in advance at a discounted rate)	OR	<input type="checkbox"/> Flexibility/Casual attendance at a premium price		

What would you like to achieve from your classes at The Movement Society?

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How many times a week would you commit, to see results? (Please circle)

1    2    3    UNLIMITED

Location/s you will attend to reach those goals:

<input type="checkbox"/> Cottesloe Classes	<input type="checkbox"/> Bicton Classes	<input type="checkbox"/> Online
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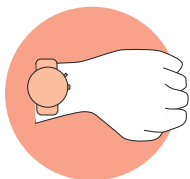
Please list any class day/time presences.

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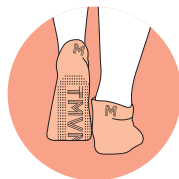
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Would you like to be updated with information on..

<input type="checkbox"/> Masterclasses	<input type="checkbox"/> Workouts	<input type="checkbox"/> Online Videos & Workout Programs
<input type="checkbox"/> New Products	<input type="checkbox"/> MVMT News	



Classes start on time. Arrive a few minutes early (especially if your first class).



We have a sock policy. Get MVMT Grip socks for a special rate of just \$10.



Bookings are essential. To download, Search 'The Movement Society' in the App store.

Looking forward to meeting you on the mat!

# Disclaimer

## Risk Warning acknowledgment & assumption of risk release & indemnity.

### PLEASE READ AND SIGN

I acknowledge that the activity (Pilates | Fitness | Barre | TRX) I am to undertake is a recreational activity that may involve a risk of harm (the "activity") and that participating in it I am exposed to certain risks. I further acknowledge that I am not required to engage in the activity. I acknowledge and understand that whilst participating in such activity: I have been examined by a licensed medical practitioner ("practitioner") within the past six months and have been found by such practitioner able to perform the activity during my sessions with The Movement Society.

I declare that I have read, understood, and answered honestly all the questions above. Should my personal health circumstances change whilst engaging the services of The Movement Society it is my full responsibility to bring this to their attention prior to undertaking any physical activity. At any point The Movement Society Instructor may refuse to instruct or continue to instruct me as a participant without prejudices.

I will faithfully follow all instructions given to me by The Movement Society and its associated teachers as to when, where and how to perform and not perform certain the activity. I may be injured; physically or mentally, or may die. My personal property may be lost or damaged. Other persons participating in such activity may cause me injury or may damage my property I may cause injury to other persons or damage their property. The conditions in which the activity is conducted may vary without warning. I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of The Movement Society and its teachers. There may be no or inadequate facilities for treatment or transport of me if I am injured. I assume the risk of responsibility for any injury, death or property damage resulting from my participation in the activity.

### Release and indemnity to the recreational activity provider

In consideration of my payment for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE AND INDEMNIFY The Movement Society as follows:

1. I participate in the activity at my own risk and responsibility.
2. I have received a risk warning in relation to the physical activity.
3. I release, indemnify and hold harmless The Movement Society, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach of an express or implied warranty that the recreational services or activity will be rendered with reasonable care or skill.
4. The Movement Society will not be held responsible for any injuries which may occur whilst in class or on premises. In the event that I am injured or my property damaged, I will bring no claim, legal or otherwise, against The Movement Society, its servants and agents, in respect to that injury or damage.
5. I hereby indemnify and keep indemnified The Movement Society from and against all and any actions, demands, suits, proceeding or claims that may be brought or made against The Movement Society by any person by reason of or in respect of any act, default or neglect by me in participating in the recreational services or activity or in anyway whatsoever relating thereto or arising therefrom and from against any costs and expenses that may be incurred by that person in connection with such actions, demands, suites, proceedings or claims.
6. All products of The Movement Society including routines, props and exercise material provided remains the property of The Movement Society and cannot be replicated.
7. By signing this form you are giving consent to The Movement Society to use photographs and/or video footage in group photos or classes for promotion purposes, e.g. website, social media, events or similar.
8. I release and hold harmless with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise.
9. During assessment and treatment it may be necessary for your instructor to make physical contact.
10. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement.
11. I have read and understood this document and know that it affects my legal rights.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_