

MARSHALL Back & Body Wellness Center
510 Waugh Drive
Houston, TX 77019
713-522-1726

Personal Flexibility Assessment

Name _____ Date _____
Street Address _____
City/State _____ Zip _____
Home Phone _____ Mobile _____
Date of Birth _____ Occupation _____
Emergency Contact _____ Relationship _____
Phone _____

Pregnant? Yes/No

Are you currently being treated by a chiropractor, medical doctor or physical therapist? Yes/No

HISTORY

A. List any injuries, surgeries, or physical problems you have experienced in the past.

B. List any current health problems, complaints, injuries, or current diagnosis made by a health professional.

Initial _____
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SYMPTOMS

Describe what you are feeling in terms of soreness, tightness, pain, or any other discomfort during daily activities or athletic performance.

POSTURE AND ALIGNMENT

List all areas that you can see or feel that are out of alignment, (i.e., lower shoulder, higher hip, rotated foot).

SPORT-SPECIFIC MOVEMENT

Select several body positions your sport requires. List them and then describe how you feel getting into and out of these positions.

WAIVER AND RELEASE

In consideration of Marshall Back & Body Wellness Center and Leslie Bell, Certified Flexibility Therapist, I, _____ hereby agree to the following:

1. I fully understand that I am engaging in a physical activity which may cause injury to me. I hereby agree that I am voluntarily participating in a flexibility session and I am assuming all risks of injury to me on account of this activity. I further agree that Marshall Back & Body Wellness Center, Leslie Bell or any other employee or agent of Marshall Back & Body Wellness Center will NOT perform an evaluation of my physical condition, which might result in the identification of risk factors contraindicating physical exercise or stretch therapy, prior to starting or continuing the stretch sessions.
2. I understand and agree that I am waiving any and all claims known or unknown to me which I may have now and/or in the future for any alleged act or omission in negligence, gross negligence, malpractice, or any other claim in tort and/or for personal injuries resulting in any alleged claim for damages, including, but not limited, past and future medical expenses, damages for mental anguish in the past and future, damages for pain and suffering in the past or future, damages for loss-of-enjoyment of life in the past and future, damages for past and future disfigurement, damages for lost earnings, damages for loss-of-earning capacity in the past and future, damages for loss of consortium in the past and future, and for all other alleged damages that I could assert in the past, present or future against Marshall Back & Body Wellness Center, Leslie Bell, and all instructors, doctors, chiropractors, therapists, employees and agents associated with Marshall Back & Body Wellness Center and Leslie Bell.
3. I hereby warrant, represent and agree that I have no physical disability, impairment or ailment preventing me from engaging in any stretch program or exercise activity that would be detrimental or inimical to my health, safety, comfort, or physical condition. I agree and consent that no program or physical exercise or exertion should be commenced without the prior consultation and approval of my physician. .
4. I agree to waive any and all claims or rights I might otherwise have against Marshall Back & Body Wellness Center, including the right to sue Marshall Back & body Wellness Center, its instructors, doctors, therapist, employees or agents, for any such injuries or claims aforesaid.
5. I have carefully read this waiver and release and fully understand it is a release of any and all future claims against Marshall Back & Body Wellness Center for injuries or risk of injury resulting from activities while attending Marshall Back & Body Wellness Center or any event outside the clinic represented by Marshall Back & Body Wellness Center. I am fully competent in all respects to enter in to this Waiver and Release and am 18 years of age or older. I have the full authority to enter this Waiver and Release, and this Waiver and Release shall bind my heirs and personal representatives.

6. I, my insurer/agent further agree to release Marshall Back & Body Wellness Center from any liability for any loss or theft of personal property.
7. **CANCELLATION POLICY:** I understand I must cancel or reschedule my stretch at least 24 hours prior to the scheduled stretch, or I will be charged. Emergencies will be handled on a case by case basis.

I have read the above Waiver and Release of liability in its entirety and fully understand its contents. I voluntarily agree to the terms and conditions as stated.

Printed Name _____ Date _____

Signature _____

Witness _____

Initial _____
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