



NEUROBALANCE C E N T E R

1529 S. Grove Avenue, Barrington, IL 60010 | Phone 847.800.6162 | Fax 847.660.6389

Name _____

Date of Birth (mm/dd/yyyy) _____

Address _____

City _____ Zip Code _____

Home Phone _____ Email _____

Cell Phone _____ Cell Phone Carrier _____

Emergency Contact Name and Relationship _____

Emergency Contact Phone Number _____

How did you hear about us? _____

Which services brought you here? _____

Please circle all programs/services that interest you:

Group Fitness Classes (fitMS, fitPD, fitYoga, fitBarre)	Chiropractic Disease Management Consultation	Therapeutic Massage
Adaptive Boxing	Acupuncture	Physical Therapy
PowerPlate Training	Adaptive Golf	Personal Training
Infusion Services	Hand, Occupational Therapy	Volunteering

If you have any health conditions that might affect your safety or ability to exercise, please explain. _____

Has your healthcare provider released you to exercise? ___ yes ___ no

Signature _____

Date _____

STAFF USE ONLY:

MindBody ID:

Liability and Media Waivers

Liability Waiver for all persons providing or receiving services within or as a result of association with fitMS NeuroBalance Center NFP

I hold fitMS NeuroBalance Center, NFP harmless of claims, demands or causes of action (including the cost of defense thereof) as a result of any personal injury or personal property loss or damage suffered by myself arising out of or connected with the use of fitMS NeuroBalance Center facility located at 1529 S. Grove Avenue, Barrington IL 60010, including equipment and/or services regardless if such injury, loss or damage was foreseeable or the result of active or passive negligence of the office space, building, workout rooms, its Partners or Employees.

I agree

I do NOT agree

Media Release

I allow fitMS NeuroBalance Center, NFP to publish or broadcast my image, likeness or name for promotional purposes associated with fitMS NeuroBalance Center.

I agree

I do NOT agree

Printed Name

Date

Signature

Witnessed by:

Printed Name

Signature