

Lean Beans
16B Old Riverhead Road
Westhampton Beach, NY 11978



Registration and Release Form

Name: _____ D.O.B _____

Age: _____ Weight: _____ lbs Height: _____ inches

E-mail: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Can I text you? Yes No

Emergency Contact: _____

Relation: _____ Phone: _____

Do you have any known limitations or reasons that may prevent you from participating in any form of exercise? _____

If yes, please explain _____

Please list any medications and supplements you take regularly:

Over →

Please list any health diagnoses you may have:

Please include anything you'd like the coach to know about you:

A doctor's note is highly recommended as a safety precaution to ensure you are able to participate in physically demanding activities and/or make diet changes. I (**have** / **have not**) provided a doctor's note of clearance participate at Lean Beans. If I have not, I have chosen to take the risk myself.

Sessions must be paid for in advance or you will not be permitted to participate. In order to reschedule a session, cancellations must be made 24 hours in advance. If cancelled before 24 hours, you can make up the missed session within the dates of service (specified on invoice). If you cannot comply, your session will be "missed" and appropriately charged. Please call 288-3615 if an appointment needs to be cancelled with less than 24 hours notice (do not e-mail).

Ultimately, the coaching relationship is about you, the client, taking full responsibility for your actions, and your life. You enter into coaching with the understanding that you are responsible for creating your own decisions and results.

I have read and understand the Lean Beans policy regarding payments and cancellations. I understand the program may include physically demanding activities and/or diet changes. I understand and accept the possible risks of injury associated with physical activities and will consult my doctor about the nutrition recommendations. I will not hold Lean Beans or any of the instructors liable for any injury or damage, which may occur as a result of my participation in the lifestyle changes. I hereby release, waive, discharge Lean Beans, Inc., its officers, directors, and employees from any and all liability for any outcomes resulting directly or indirectly from the coaching process while at Lean Beans.

Signature: _____ Date: _____