



Kinetic Edge Performance Inc.

INITIAL SESSION INTAKE QUESTIONNAIRE

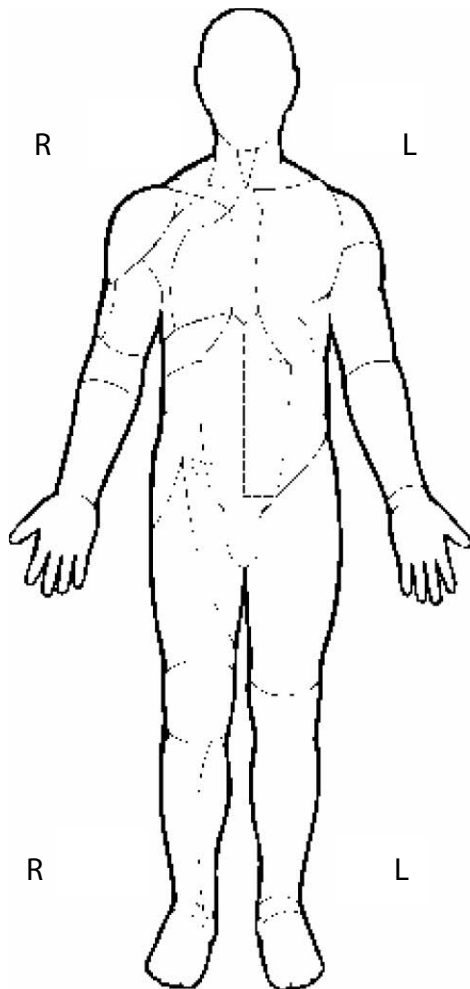
Name:		Date:
Address:		Referred By:
		Birth Date:
Telephone (home):	(cell):	
Email:		
Occupation:		
Emergency Contact:		Phone #:
Do you own any Z-Health training products? Yes No		Currently practicing Z-Health? Yes No
1. Goals for Z-Health training (e.g., manage pain, relieve discomfort, maintain health, reduce stress, athletic performance, etc.):		
2. Current areas of discomfort/pain (please use attached diagram):		
3. Please list previous injuries (fractures, sprains/strains, etc) and prior surgeries:		
3. Current medications and supplements:		
4. Professional bodywork previously received (e.g., physical therapy, chiropractic, osteopathic care, etc.):		
5. What is your current exercise routine?		



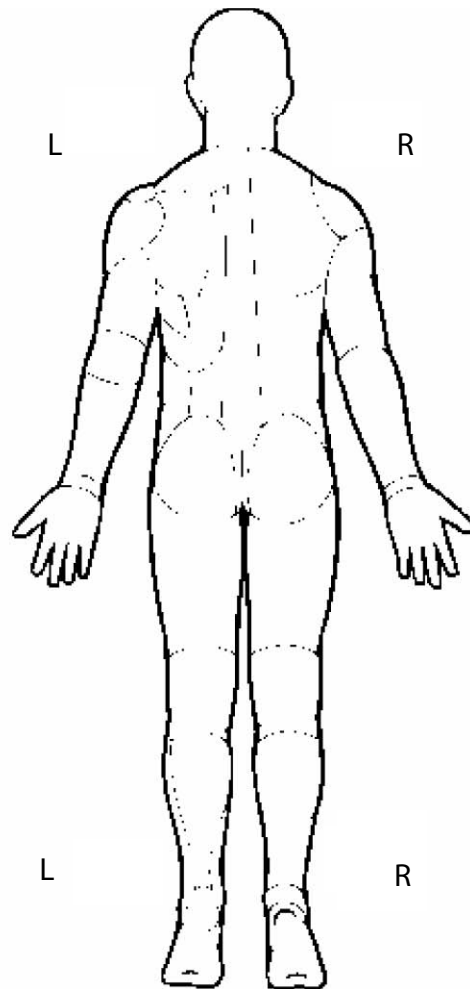
Kinetic Edge Performance Inc. PAIN/DISCOMFORT DIAGRAM

Name: _____ Date: _____

FRONT



BACK



Please Identify & Describe Any Areas Of Discomfort:

Onset: How did it start? (Sudden Trauma, Gradual, Etc)

Duration: How long have you had the problem?

Frequency: How often does it bother you? (Rarely, Always, etc)

Type: What does it feel like? (Sharp Pain, Tingling, Etc.)

Severity: How bad is the pain? (Mild, Moderate, Severe)



INFORMED CONSENT WAIVER AND RELEASE OF LIABILITY

In consideration of entry into training with Brad Nelson and Kinetic Edge Performance, Inc., I _____, (please print) intend to be legally bound and do hereby agree to be legally bound for myself and for all successors in interest I may have, by this Contract, Waiver and Release of Liability, and hereby agree to hold harmless and indemnify Brad Nelson and Kinetic Edge Performance, Inc., as well as officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others directly or indirectly, arising out of any practice, instructions, or other activity related to this program as well as participation in the program or traveling to for from this program or any other activity related to this program.

I understand that the activities, exercises and training methods to be taught may not be appropriate for all people and may, in some cases, cause injury or aggravate existing injuries. I certify that I am physically able to participate in this activity and will further hold Brad Nelson and Kinetic Edge Performance, Inc., as well as any officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defect or condition that I may have, whether now known, or hereinafter discovered. I further acknowledge that in consideration for this training, this release shall not expire and shall be considered effective in perpetuity. I also understand that all exercises, training methods and concepts are to be used at my own risk and that the aforementioned trainers and entities assume no responsibility for my actions.

I acknowledge if I am uncomfortable with any activity, exercise or training program within the course that I may immediately state so, and that is my right and responsibility to remove myself from the situation immediately and that I am encouraged to do so.

I have understood all that is expressed in this waiver and release of liability, and I certify that I am of sound judgment, legally competent to agree to this waiver. Additionally, I certify that I am ___/ am not ___/ (check one) eighteen (18) years of age or older, or a legally emancipated adult.

Participant's Signature _____

Date _____

Signature of Parent (If Required) _____

Witness _____