# Stretch Studio Programs

**Eden Prairie Community Center**
**16700 Valley View Road**
**Eden Prairie, MN 55346**

*Please complete this form and packet in its entirety and submit with payment.*

Contact the Fitness Supervisor with any questions: **Megan Munoz**, **mmunoz@edenprairie.org**, **952-949-8402**

**Today's Date:** ___________________________

**Name:** ________________________________________________________________

**Email Address:** ________________________________________________________

**Phone Number:** ________________________________________________________

**Stretch Specialist Preference:** **Male** **Female** **No Preference**

**Alisa** **Carina** **Denise** **Katie**

**Preferred Days/Times to Stretch:** ______________________________________________

## STRETCH STUDIO PACKAGES

**Payment in full must be received with this packet. All sessions expire 1 year from date of purchase. Unused sessions are not refundable.**

**30-MinuteStretch Studio Packages**

| | Members | Non-members |
|---|---|---|
| □ **1 session** | $40 | $50 |
| □ **2 sessions** | $65 | $85 |
| □ **6 sessions** | $180 | $240 |
| □ **10 sessions** | $275 | $375 |

**60-Minute Stretch Studio Packages**

| | Members | Non-members |
|---|---|---|
| □ **1 session** | $65 | $85 |
| □ **3 sessions** | $180 | $240 |
| □ **5 sessions** | $275 | $375 |
| □ **10 sessions** | $500 | $600 |

**I would prefer to stretch with my Stretch Specialist:**

- □ Multiple times a week
- □ Once a week
- □ Every other week
- □ As needed

**For Office Use:**

Stretch Studio Package: 30-minute 60-minute

Payment Received (attach receipt): Yes No

Customer Service Initials: _______________ Date: _________________

Please fill out the following questionnaire as completely and accurately as possible. All information on this form will be treated as strictly confidential. This information is used to help your Stretch Specialist develop a program that addresses your needs, goals and interests.

Participant Name: ________________________________________________ Date of Birth: _____ / _____ / _____

M D Y

Address: ______________________________________________________________________________________

Street

______________________________________________________________________________________

City State Zip

Sex: Male Female Age: __________ Height: __________ Weight: __________

Occupation: ______________________________________________________________________________________

Emergency Contact Name: _________________________________ Phone: _______________________________

Physician/Clinic Name: _________________________________ Phone: _______________________________

The Eden Prairie Community Center will not give information regarding your personal stretch program to your physician unless you request otherwise.

**What are your stretching goals? Check all that apply.**

- □ Increase flexibility
- □ Increase range of motion
- □ Improve posture
- □ Reduce muscle soreness/tension
- □ Reduce joint pain
- □ Stress management
- □ Regain abilities after injury/surgery
- □ Sport-specific stretching
  Which sport? ___________________

□ Other ______________________________________________________________________________________

**Do you have or have you ever had any of the following:**

- □ Arthritis
- □ Back pain
- □ Joint pain
- □ Other ______________________________________________________________________________________
- □ Osteoporosis/osteopenia
- □ Surgery
- □ Swelling

Are there any ailments not mentioned above that may be affected by stretching?

______________________________________________________________________________________

I, ____________________________________________________________, wish to participate in a stretch program offered by the Eden Prairie Community Center (EPCC). I understand that there are inherent risks to participating in a stretch or exercise program. I agree that EPCC, the City of Eden Prairie and its agents shall not be liable nor responsible for any injuries resulting from my participation (whether at EPCC, home, outside, in another facility or virtually) and I expressly release and discharge EPCC, the City of Eden Prairie, employees, agents and/or assigns from all claims, actions, judgments, etc. which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage that may occur in connection with my participation in a stretch program, excepting only an injury caused by the gross negligence or intentional act of such person. This release shall be binding upon my heirs, executors, administrators and assigns.

**I have read, understand and agree ___________ (initial)**

I certify that the answers to the questions outlined in the health history section are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "yes" to any question indicating a potential risk factor. I understand that it is my responsibility to inform my Stretch Specialist of any conditions or changes in health that might affect my ability to stretch safely with minimal risk of injury. I will confirm that I have not tested positive for COVID-19 nor experienced COVID-19 symptoms for at least fourteen (14) days before each session.

**I have read, understand and agree ___________ (initial)**

I understand that I am under no obligation to perform nor participate in any exercise or stretching activity that I do not wish to do, and it is my right to refuse such participation at any time during my stretch sessions. I understand that the stretching process involves manual muscle manipulation by my Stretch Specialist. I understand that if I am feeling uncomfortable, lightheaded, faint, dizzy, nauseated or experience pain, I am to stop the activity and inform my Stretch Specialist immediately.

**I have read, understand and agree ___________ (initial)**

I understand that all rates are based on 30- or 60-minute sessions and should I arrive late, there is no guarantee that I will receive the full session with my Stretch Specialist. If my Stretch Specialist is late for a session, I will still receive the full session time. I understand that EPCC operates on a scheduled appointment basis and requires that I provide 24 hours notice when canceling a session. Should I cancel a session with less than 24 hours notice, I may be charged for the full session.

**I have read, understand and agree ___________ (initial)**

I understand that EPCC bills its stretch clients on a pre-pay basis. Once my Stretch Specialist and I have decided upon the number of sessions I will purchase, payment will be made before the sessions are conducted. I understand that all stretch sessions are non-transferable and non-refundable. I understand that all stretch sessions must be redeemed within one year of purchase.

**I have read, understand and agree ___________ (initial)**

I understand that should my Stretch Specialist become ill, injured or is on vacation, I may request another Stretch Specialist to be assigned to me so that I can continue my stretch program. I also understand that in the event that my Stretch Specialist is no longer employed by EPCC, I will be assigned another Stretch Specialist to oversee my stretch program and stretch sessions.

**I have read, understand and agree ___________ (initial)**

**I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.**

Client Signature: ________________________________________________________________________ Date: ________________

Parent/Guardian Signature (if client is under 18): _______________________________________________ Date: ________________