



INSPIRE HEALTH & PERFORMANCE, LLC NEW CLIENT REGISTRATION FORM

(Please Print)



Today's date:	DOI:
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PATIENT INFORMATION						
Patient's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	Preferred name:		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Email Address:		Cell phone no.: ()	
P.O. box:	City:		State:		ZIP Code:	
Occupation:	Employer:			Employer phone no.: ()		
Referred to clinic by:	<input type="checkbox"/> Primary Care Physician: Name Clinic Name: Phone Number:			<input type="checkbox"/> School Athletic Trainer: Name: Phone Number: School Name:		

BILLING INFORMATION		
<input type="checkbox"/> Self		
Person responsible for bill:	Address (if different):	Cell phone no.: ()
Email Address:		
Employer:	Employer address:	Employer phone no.: ()

PARENT OR LEGAL GUARDIAN		
Is this patient a minor child <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complete if different from billing information		
Parent or legal guardian:	Address:	Cell phone no.:
Email Address:		

PREFERRED METHOD OF CONTACT				
<input type="checkbox"/> Text Message	<input type="checkbox"/> Email	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Carrier Pigeon	

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to patient:	Home phone no.: ()	Cell phone no.: ()

The above information is true to the best of my knowledge. I authorize the sharing of healthcare information to all parties responsible for the medical care of this patient. I understand that I am financially responsible for any balance from services rendered.	
Patient/Guardian signature	Date



INSPIRE HEALTH & PERFORMANCE, LLC
STANDARD MODEL RELEASE FORM



The undersigned enters into this Agreement with Inspire Health & Performance, LLC also known as Inspire HP ("Producer"). I have been informed and understand that Producer is producing a variety of advertising, marketing, sales product and print media in a variety of formats including, but not limited to; audio, video, and still photos and that my name, likeness, image, voice, appearance and/or performance is being recorded and made a part of that production ("Product").

1. I grant Producer and its designees the right to use my name, likeness, image, voice, appearance, and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the Product in whole or part as Producer may elect. Producer or its designee shall have complete ownership of the Product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.
2. I also grant Producer and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution or any other purpose that Producer or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.
3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to their parties, and that Producer has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, voice, appearance and performance embodied in the Product. I expressly release and indemnify Producer and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Producer herein are perpetual and worldwide.
4. In consideration of all the above, I hereby acknowledge receipt of reasonable and fair consideration from the Producer.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Model's Name (Please Print) _____

Model's Signature _____ Date: _____

(If the model is under age 18, a parent or legal guardian must sign below.)

I hereby certify that I am the parent or legal guardian of the model named above and I give my consent without reservation to the foregoing on behalf of him or her.

Parent or Guardian Signature _____ Date: _____

Inspire Health & Performance, LLC Witness: _____ Date: _____