

ADULT ASSESSMENT CLINIC CONSENT & AGREEMENT (18 AND OVER)

Business: Winning Field Bodywork and Movement Solutions LLC (DBA Zenesis Bodywork Therapy). **Owner:** Yuji Katsuta, MS, LAT, ATC, LMBT #19789, CIDN, MLD-C, PES.

This agreement outlines important information regarding your participation in our movement screening and assessment services (the “Assessment Clinic”). Please review this document carefully, as your signature confirms your understanding and acceptance of these terms.

1. Informed Consent to Service

I, the undersigned, voluntarily give consent to participate in the Zenesis Movement Assessment Clinic. I understand this service may include movement screenings, range of motion tests, strength testing, digital performance tracking, and other objective testing. I acknowledge that this is **not therapeutic treatment** and is not intended to diagnose or treat any medical condition.

2. Nature of Assessment & Participant Responsibility

I understand that this is a **non-diagnostic performance assessment** and not a substitute for medical evaluation. I confirm I am in sufficient physical condition to safely engage in all assessment activities and have disclosed all relevant health conditions. I accept that it is my responsibility to inform the provider of any changes to my health status before any session.

3. Confidentiality, Data Use, and Group Setting

I understand that all services are delivered professionally under the license and credentials of Yuji Katsuta, *LMBT #19789, PES*. I acknowledge that certain services may involve digital assessments that collect and store personal data to create a client profile and track progress. This data is securely managed through trusted third-party platforms, which may include client management software (e.g., PocketSuite) and integrated assessment systems (e.g., the AxIT system). All personal information will be kept confidential and used solely for professional purposes. I also understand that assessments may be conducted in a *group or public setting* where aspects of the assessment process may be observable by others.

4. Assumption of Risk & Release of Liability

I acknowledge that my participation is voluntary and undertaken at my own risk, which includes risks inherent to physical activity. I agree to abide by the rules and policies of the host facility, which will be posted or otherwise made available on-site. I hereby **waive and release any and all claims, now and in the future, against Yuji Katsuta and Zenesis Bodywork Therapy**, their officers, agents, and affiliates, for any injuries or damages, except those arising from gross negligence or willful misconduct.

5. Consent to Emergency Treatment

In the event of a medical emergency where I am unable to consent to treatment, I hereby

authorize Yuji Katsuta and Zenesis Bodywork Therapy to seek and consent to emergency medical care on my behalf.

6. Payment, Cancellation, & Group Policy

Payment of the full service fee (\$20) is required at least 24 hours prior to the clinic start time to secure a spot.

- **Individual Cancellation:** Cancellations made less than 24 hours before the clinic, or a failure to attend, will result in the forfeiture of the full service fee.
- **Clinic Cancellation:** This clinic requires a minimum of five (5) participants. We reserve the right to cancel the session if individual cancellations cause the number of registered participants to drop below five. In the event of a clinic cancellation by the provider, all remaining pre-paid participants will receive a full refund.
- **Walk-Ups:** Walk-up participants are welcome if space is available and may pay the service fee on-site.

7. Right to Refuse Service

Zenesis Bodywork Therapy reserves the right to refuse or terminate services at any time if a participant's conduct is deemed inappropriate, disruptive, or compromises the safety of the provider or other participants.

8. Governing Law & General Provisions

This Agreement shall be governed by the laws of the State of North Carolina. If any part of this Agreement is found to be invalid, the remaining parts shall continue to be in full force. This document constitutes the entire agreement between the parties.

9. Acknowledgement & Signature

By my signature below, I confirm that the information provided on the associated participant intake form is accurate. I acknowledge that I have read, fully understand, and agree to all terms and conditions outlined in this document. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand that my signature, whether handwritten or electronic, is legally binding.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

Signature: _____

Zenesis Bodywork Therapy

Client Signature: _____

Client Printed Name: _____