



MEMBER AGREEMENT PACKET

Be the conductor of your own health.

Please complete your information once at the beginning. It applies throughout this entire packet.

Member Name: _____

Date: _____

1. Member Information & Wellness Intake

Welcome to BioTune Your Health, LLC. Please complete the information below thoroughly. This information is used to support safe, personalized wellness services.

First Name _____

Last Name _____

Date of Birth _____

Age _____

Gender (Optional): ☐ Male ☐ Female

Street Address: _____

City _____

State _____

ZIP _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Text ☐ Email

Occupation: _____

Emergency Contact

Name: _____

Relationship _____

Phone _____

Health History

Please check any that apply:

☐ High Blood Pressure

☐ Heart Disease

☐ Diabetes

☐ Stroke

☐ Arthritis

☐ Osteoporosis

☐ Cancer

☐ Fibromyalgia

☐ Chronic Pain

☐ Back Problems

☐ Neck Problems

☐ Joint Problems

☐ Sciatica

☐ Vertigo

☐ Epilepsy/Seizures

☐ Asthma

☐ Anxiety

☐ Depression

☐ Autoimmune Disorder

☐ Pregnancy

☐ Recent Surgery

☐ None

Other Medical Conditions:

Member Information & Wellness Intake - Continued

Current Medications & Supplements

Please list all medications and supplements:

Current Pain or Discomfort

Do you currently have pain? ☐ Yes ☐ No

If yes, location: _____

Pain Level (circle one): 0 1 2 3 4 5 6 7 8 9 10

Describe the pain:

How long have you had it? _____

Exercise History

How often do you exercise? ☐ Never ☐ 1-2 Days/Week ☐ 3-4 Days/Week ☐ 5+ Days/Week

Activities you participate in:

- | | | |
|-----------------------------------|----------------------------------|--|
| ☐ Walking | ☐ Running | ☐ Weight Training |
| ☐ Yoga | ☐ Pilates | ☐ Cycling |
| ☐ Swimming | ☐ Sports | ☐ Other |

Wellness Goals

- | | |
|---|---|
| ☐ Reduce Pain | ☐ Improve Flexibility |
| ☐ Improve Mobility | ☐ Increase Strength |
| ☐ Lose Weight | ☐ Improve Posture |
| ☐ Stress Relief | ☐ Improve Athletic Performance |
| ☐ Improve Overall Wellness | ☐ Recover from Injury |
| ☐ Better Sleep | ☐ Increase Energy |
| ☐ Healthy Aging | ☐ Other |

What would you most like to accomplish over the next 90 days?

Services of Interest

- | | | |
|--|--|--|
| ☐ Health Coaching | ☐ Fitness Coaching | ☐ Red Light |
| ☐ Sound Wave Bed | ☐ Molecular Hydrogen Inhalation | ☐ NIR Light |
| ☐ Vibration Power Plate | ☐ Session Packages | ☐ Health Coaching Books |

Member Information & Wellness Intake - Continued

Lifestyle Questions

How would you rate your current stress level? ☐ Low ☐ Moderate ☐ High

Average Hours of Sleep Per Night: _____

Water Intake Per Day: _____

Do you smoke or vape? ☐ Yes ☐ No

Do you consume alcohol? ☐ Never ☐ Occasionally ☐ Frequently

How Did You Hear About Us?

☐ Google	☐ Facebook	☐ Instagram	☐ Friend
☐ Physician	☐ Event	☐ Walk-In	☐ Other

Member Acknowledgment

I certify that the information provided in this intake is true and complete to the best of my knowledge. I understand that withholding relevant medical information may affect the safety and effectiveness of the services I receive. I agree to notify BioTune Your Health, LLC of changes to my health status, medications, injuries, or medical conditions before future appointments.

Member Signature: _____

Date: _____

2. Wellness Services - Informed Consent

BioTune Your Health, LLC provides wellness and educational services intended to support health, mobility, recovery, relaxation, and overall well-being. Please review the nature, possible effects, and responsibilities associated with services you may receive.

Services

Services may include:

- | | |
|---|--|
| ☐ Health Coaching | ☐ Fitness Coaching |
| ☐ Red Light Therapy | ☐ Near-Infrared (NIR) Light Therapy |
| ☐ Hydrogen Inhalation | ☐ Vibration Power Plate |
| ☐ Sound Wave Bed Therapy | ☐ Other |

Important Wellness Disclaimer

BioTune Your Health, LLC provides wellness and educational services. Our services are not intended to diagnose, treat, cure, or prevent any disease or medical condition and are not a substitute for medical care provided by a licensed healthcare professional.

If you have a medical condition, are taking medication, are under the care of a healthcare provider, or have concerns about whether a service is appropriate for you, you should consult your healthcare provider before participating.

Wellness Coaching

Wellness coaching may provide education, support, accountability, and guidance related to healthy lifestyle choices, physical activity, general wellness, and personal health goals. It is not medical treatment, mental health counseling or psychotherapy, physical therapy, chiropractic care, medical nutrition therapy provided by a registered dietitian, or a substitute for evaluation or treatment by a licensed healthcare professional.

Light Therapy

Red light and/or near-infrared (NIR) light therapy may be provided as part of a wellness program. Possible temporary effects may include mild skin irritation, warmth, temporary redness, or eye discomfort if appropriate eye protection is not used. I agree to follow instructions regarding duration, positioning, and eye protection and to report unusual or significant discomfort.

Wellness Services - Informed Consent - Continued

Hydrogen Inhalation

Hydrogen inhalation may be offered as a wellness service. I agree to follow equipment and practitioner instructions regarding use and duration and will immediately report unusual symptoms, discomfort, difficulty breathing, dizziness, or other concerns.

Vibration Power Plate

Vibration-based exercise or wellness services may involve mechanical vibration intended to support movement, muscle activation, relaxation, or general wellness. Possible effects may include temporary muscle soreness, fatigue, dizziness, or discomfort. I agree to follow instructions regarding positioning, duration, and intensity.

Sound Wave Bed Therapy

Sound Wave Bed Therapy uses sound, vibration, and/or frequency-based stimulation intended to promote relaxation and wellness. Possible temporary effects may include relaxation or drowsiness, fatigue, temporary muscle soreness, mild dizziness, or increased awareness of muscle tension or bodily sensations. Individual responses vary.

Health Conditions & Medical Information

I confirm that I have provided accurate and complete information regarding relevant medical conditions, injuries, surgeries, medications, allergies, pregnancy, and other health concerns that may affect my participation. I will inform BioTune Your Health, LLC of changes in my health, medications, or medical status. Certain conditions may require consultation with or written clearance from a physician or other qualified healthcare provider.

Pregnancy

I agree to inform BioTune Your Health, LLC before receiving services if I am pregnant, attempting to become pregnant, or believe that I may be pregnant. Certain services may not be appropriate during pregnancy and I may be asked to obtain healthcare-provider clearance.

Member Responsibilities

- Answer health and safety questions honestly and completely.
- Follow practitioner and equipment instructions.
- Communicate pain, discomfort, dizziness, or unusual symptoms immediately.
- Stop or pause a service if instructed.
- Inform BioTune Your Health, LLC of significant health or medication changes.
- Ask questions whenever I do not understand an instruction or service.

Results & Emergencies

Individual results vary based on health history, lifestyle, consistency, participation, physical condition, and other individual circumstances. BioTune Your Health, LLC does not provide emergency medical services. If a medical emergency occurs, emergency medical services may be contacted, and I should seek appropriate medical attention whenever necessary.

Wellness Services - Consent & Acknowledgment

Participation is voluntary. I may decline, pause, or discontinue a service at any time and should communicate concerns or discomfort immediately. I have had an opportunity to ask questions and understand the information provided.

- ☐ I have carefully read and understand this Informed Consent.
- ☐ I understand the nature and purpose of the wellness services I may receive.
- ☐ I understand that wellness services are not a substitute for medical diagnosis or treatment.
- ☐ I understand the potential benefits, limitations, and possible risks described.
- ☐ I have disclosed relevant health information to the best of my knowledge.
- ☐ I agree to communicate discomfort, symptoms, or changes in my health.
- ☐ I understand participation is voluntary and I may decline or discontinue a service.
- ☐ I have had the opportunity to ask questions and received satisfactory answers.
- ☐ I voluntarily consent to participate in applicable BioTune Your Health services.

Member Signature: _____

Date: _____

Office Use Only

Practitioner Name: _____

Practitioner Signature: _____

Services Provided: _____

Additional Notes:

3. Liability Waiver & Assumption of Risk

I understand that participation in wellness activities, physical activities, stretching, exercise, and wellness services may involve certain risks. By signing this packet, I acknowledge and understand these risks and voluntarily choose to participate in applicable services provided by BioTune Your Health, LLC.

Assumption of Risk

Risks may include, but are not limited to:

- | | |
|--|---|
| ☐ Muscle soreness | ☐ Muscle strains |
| ☐ Sprains | ☐ Joint discomfort |
| ☐ Falls | ☐ Dizziness |
| ☐ Fatigue | ☐ Increased heart rate |
| ☐ Changes in blood pressure | ☐ Aggravation of existing conditions |
| ☐ Minor or serious injury | |

I understand these risks may occur even when services are performed properly and reasonable safety precautions are followed. I voluntarily assume responsibility for risks associated with my participation.

Health Responsibility & Medical Clearance

I certify that I have provided accurate and complete information regarding my health history, injuries, medications, medical conditions, and physical limitations relevant to participation. I understand that failure to disclose relevant information may increase risk. I agree to notify BioTune Your Health, LLC of significant changes before future sessions.

BioTune Your Health, LLC may recommend or require medical clearance from a licensed healthcare professional when there are concerns regarding safe participation. BioTune Your Health, LLC does not diagnose, treat, or cure medical conditions and does not replace medical advice, diagnosis, or treatment provided by a licensed healthcare professional.

Release of Liability

To the fullest extent permitted by applicable law, I voluntarily release and agree to hold harmless BioTune Your Health, LLC, its owners, employees, contractors, representatives, and agents from claims, demands, damages, liabilities, or causes of action arising from or related to my voluntary participation in wellness services, except to the extent such release is prohibited by applicable law. This release applies to risks inherent in or ordinarily associated with the services in which I voluntarily participate.

Liability Waiver - Continued

Personal Property

BioTune Your Health, LLC is not responsible for lost, stolen, or damaged personal property brought onto or left at the premises.

Emergency Authorization

In an emergency, I authorize BioTune Your Health, LLC personnel to seek emergency medical assistance or contact emergency services when they reasonably believe it is necessary. I understand that I am responsible for any medical expenses resulting from emergency care.

The emergency contact provided at the beginning of this packet applies here.

Photo, Video & Marketing Release

BioTune Your Health, LLC may request permission to use photographs, videos, testimonials, or progress-related information for marketing, promotional, educational, or social media purposes. Participation is voluntary and is not required to receive services.

☐ I authorize BioTune Your Health, LLC to use my image, testimonial, video, or approved progress-related information for promotional, educational, or marketing purposes.

☐ I do not authorize BioTune Your Health, LLC to use my image, testimonial, video, or progress-related information for these purposes.

Member Initials: _____

Liability Acknowledgment & Agreement

☐ I have read and understand this Liability Waiver and Assumption of Risk Agreement.

☐ I understand the risks associated with wellness services, physical activity, stretching, and exercise.

☐ I voluntarily choose to participate in applicable services provided by BioTune Your Health, LLC.

☐ I have had the opportunity to ask questions regarding the services and this Agreement.

☐ I understand that I may stop participating if I experience discomfort, pain, dizziness, or other concerning symptoms.

☐ I agree to follow safety instructions and directions provided by BioTune Your Health, LLC personnel.

☐ I certify that the health and physical-condition information I provided is accurate to the best of my knowledge.

Member Signature: _____

Date: _____

4. Privacy & Information Acknowledgment

BioTune Your Health, LLC values your trust and is committed to respecting your privacy and protecting personal information provided in connection with wellness services.

Information We May Collect

- Name and contact information
- Date of birth
- Emergency contact information
- Health and wellness history provided by you
- Wellness goals
- Exercise and lifestyle information
- Service preferences
- Appointment and attendance history
- Payment and account information
- Progress notes and session documentation

How We Use Your Information

- Provide and personalize wellness services
- Develop individualized wellness and fitness plans
- Monitor and document progress
- Communicate regarding appointments and services
- Process payments and manage accounts
- Administer memberships and service packages
- Improve the client experience
- Maintain appropriate business and service records
- Respond to questions, requests, or concerns

Confidentiality & Privacy

BioTune Your Health, LLC treats client information as private and confidential and takes reasonable steps to protect it. We do not sell or rent personal information or share it with outside organizations for their own marketing purposes without permission.

Information may be disclosed with written authorization, as necessary to process payments or provide requested services, when required or permitted by law, to address an emergency or protect health and safety, or for legitimate business operations through trusted service providers.

Privacy & Information Acknowledgment - Continued

Electronic Communication

You authorize BioTune Your Health, LLC to communicate using the contact information provided at the beginning of this packet. Communications may include:

- | | |
|--|--|
| ☐ Phone calls | ☐ Text messages |
| ☐ Email | ☐ Appointment reminders |
| ☐ Membership, billing, and account communications | |

I understand electronic communications may involve privacy and security risks and I may request an alternative method of communication at any time.

Client Records & Third-Party Providers

Records may include intake and registration information, wellness assessments, session and progress notes, progress tracking, payment and account history, and membership/package information. Reasonable safeguards are used and access is limited to authorized individuals for legitimate business or service-related purposes.

BioTune Your Health, LLC may use trusted third-party platforms for appointment scheduling, payment processing, client communication, membership/account management, and electronic record storage. These providers may have their own privacy policies, terms, and security practices.

Member Responsibilities

- Provide accurate and complete information.
- Inform BioTune Your Health, LLC when personal information changes.
- Keep login credentials secure when using an online client portal.
- Review communications and account information for accuracy.
- Promptly notify BioTune Your Health, LLC of concerns regarding information or communications.

Optional Release of Information Authorization

If you want BioTune Your Health, LLC to communicate with another individual about your appointments, wellness services, or account information, complete this optional section.

Authorized Person's Name: _____

Relationship

Phone

☐ I authorize BioTune Your Health, LLC to communicate with the person listed above.

☐ I do not authorize BioTune Your Health, LLC to communicate with anyone else regarding my information.

I may revoke or modify this authorization by providing written notice to BioTune Your Health, LLC.

Privacy - Acknowledgment

Photo/video/testimonial permission is addressed once in the Liability Waiver section of this packet and is not repeated here.

- ☐ I have read and understand this Privacy & Information Acknowledgment.
- ☐ I understand the types of information BioTune Your Health, LLC may collect and how it may be used.
- ☐ I understand that I may ask questions regarding the privacy of my information.
- ☐ I understand that I may update communication preferences or applicable authorizations by notifying BioTune Your Health, LLC.
- ☐ I understand that optional permissions are voluntary.

Member Signature: _____

Date: _____

5. Financial, Payment, Cancellation & No-Show Policies

This section is informational and explains BioTune Your Health, LLC payment and appointment policies. Purchase-specific details are handled at the time of purchase and do not need to be entered in this member packet.

Payment Policy

BioTune Your Health, LLC accepts credit cards, debit cards, and cash. Payment is due at the time services are provided unless otherwise agreed through a membership or prepaid package arrangement.

Member Account Responsibility

- Provide accurate billing information.
- Maintain current payment information.
- Review charges and account activity.
- Notify BioTune Your Health, LLC of changes to contact or payment information.

Prepaid Packages

- Packages must be paid in full before services are redeemed unless otherwise arranged.
- Packages are associated with the purchasing member unless otherwise stated.
- Sessions must be scheduled according to availability.
- Expiration dates, if applicable, will be disclosed at the time of purchase.
- Unused sessions may be subject to package terms and restrictions.

Gift Certificates

- May be used toward eligible services.
- Are not redeemable for cash except where required by law.
- May not be transferred unless approved by BioTune Your Health, LLC.
- Must be presented or verified before services are redeemed.

Refund Policy

- Payments for completed services are non-refundable.
- Prepaid packages and memberships are subject to the terms agreed upon at purchase.
- Refund requests will be reviewed individually.
- Approved refunds may be subject to administrative deductions for services already used.

Returned Payments & Failed Transactions

- The member agrees to resolve outstanding balances promptly.
- Future services may be paused until the balance is paid.
- Additional fees may apply when permitted by law.

Financial, Payment, Cancellation & No-Show Policies - Continued

Insurance & Medical Billing

BioTune Your Health, LLC is a wellness service provider and does not submit claims to health insurance unless otherwise specifically stated. Members are responsible for understanding their insurance benefits and payment obligations.

Financial Questions

Members are encouraged to ask questions regarding membership options, package pricing, charges, billing schedules, or payment arrangements before services are purchased.

Cancellation & No-Show Policy

Your appointment time is reserved specifically for you.

- 24 hours' notice is required to cancel or reschedule an appointment.
- Cancellations made less than 24 hours before an appointment will be charged 100% of the scheduled service fee.
- No-shows will be charged 100% of the scheduled service fee.
- Arriving late may result in a shortened appointment, but the full service fee remains due.

We understand that emergencies happen. Exceptions may be considered on a case-by-case basis at the discretion of BioTune Your Health, LLC.

Financial & Cancellation Acknowledgment

- ☐ I have reviewed and understand the financial policies of BioTune Your Health, LLC.
- ☐ I understand payment responsibilities before receiving services.
- ☐ I understand membership and package terms.
- ☐ I understand the 24-hour cancellation requirement and the 100% charge for late cancellations and no-shows.

Member Signature: _____

Date: _____

6. Educational & Training Touch Consent

This section applies when an educational or training activity involves physical touch.

Purpose

I understand that I am voluntarily participating in an educational and training activity involving physical touch. The purpose is to provide learning and skill development for educational and health training purposes only.

Nature of the Activity

- Physical touch is intended solely for educational demonstration, supervised practice, or skill development.
- This activity is not medical treatment, physical therapy, chiropractic care, massage therapy, or any other healthcare service unless otherwise specifically stated.
- The activity is not being performed under a physician's diagnosis, prescription, referral, or plan of care.
- No medical diagnosis or treatment is being provided during this educational session.

Voluntary Participation

Participation is completely voluntary. I may decline any technique, request modifications, or withdraw consent at any time without penalty or obligation to provide a reason.

Communication

I agree to communicate any discomfort, pain, medical concerns, or desire to stop immediately. The instructor may also discontinue the activity if they determine it is appropriate.

Acknowledgment

- ☐ I have read and understand this consent section.
- ☐ I have had the opportunity to ask questions.
- ☐ I voluntarily consent to educational physical touch for training purposes.
- ☐ I understand this activity is not a substitute for medical evaluation, diagnosis, or treatment by a licensed healthcare provider.

Member Signature: _____

Date: _____

Instructor Signature: _____