

Have you ever broke a bone? _____

Have you ever had surgery? _____

Do you take any medications? _____

Do you take vitamins? _____

Do you use tobacco? ___ Number of alcoholic beverages consumed per week 1-3 4-6 7-9 10+

Describe your current eating habits.

Anything else we should know to keep you safe?

What physical activities to you enjoy?

Health and fitness Goals

3months _____

6months _____

1year _____

Informed Consent

By signing this document I acknowledge that I have voluntarily chose to participate in a program of physical exercise. By signing this document I acknowledge that I have been informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or death. By signing this document I assume all health related risks. I release and hold harmless of any responsibility Fitness Logic LLC, the trainer or any person associated with this program, excepting only in the event of their intentional wrong doing or gross negligence. I understand that only a qualified physician familiar with my state of health can advise me regarding whether any particular methodology of exercise presents special concerns or risks to me.

Initial _____

Cancelation Policy

Please understand that when you forget or cancel your appointment without giving enough notice we miss the opportunity to fill that appointment creating a reduction in service to other customers. 4 hours minimum notice is required to cancel an appointment or you will be charged for that session.

Initial _____

Refund Policy

Refunds will be granted at the customer's request no questions asked based on the following: Each session used will be billed on the single session rate of the Membership Option purchased with an additional deduction of a \$59 processing fee. Any requests for a refund after a 45-day inactive period will be denied.

Initial _____

_____ print

_____ sign

_____ date