



## New Client Questionnaire Release & Waiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Activity level: Low Moderate High (circle one)

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you have any medical conditions that restrict you from exercising? \_\_\_\_\_

Are you Pregnant: \_\_\_\_\_

What are your primary goals? (Check all that apply)

Weight loss  Increase lean muscle  Increase Performance

Decrease Pain  General Fitness  Increase flexibility

Other goals: \_\_\_\_\_

\_\_\_\_\_

Do you currently exercise? \_\_\_\_\_

If so, what type of exercise? \_\_\_\_\_

\_\_\_\_\_

Number one reason you have stopped exercising in the past? \_\_\_\_\_

Preferred genre of music to listen to during exercise? \_\_\_\_\_

Preferred artist \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### Waiver & Release

I do hereby consent to participate in a physical activity program that will include weight training and cardiovascular exercise. Because physical exercise can be strenuous and subject to risk of serious injury (including but not limited to muscular/skeletal injury, spinal injuries, abnormal blood pressure responses, and in rare instances heart attack or death) it is urged to obtain a physical examination from a doctor before participating in any physical activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendations for changes in diet including the use of supplements, weight reduction or body building enhancement products are your responsibility and you should consult a physician prior to undergoing any dietary or supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risk of injury, illness or death. F.I.T.E. Fitness is not responsible for any loss of personal property.

This waiver and release of liability includes, without limitations, all injuries which may occur as a result of; a) your use of all amenities and equipment at F.I.T.E. Fitness and your participation in any activity, class, program, personal training, supervision or instruction, b) the sudden and unforeseen malfunctioning of any equipment, c) our instruction, training, supervision or dietary recommendations and d) your slipping and/or falling while in F.I.T.E. Fitness, on the premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the trainer/instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against F.I.T.E. Fitness for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

#### Photo & Video release

I the undersigned do give F.I.T.E. Fitness full permission to take photographs and/or video of me. I also give F.I.T.E. Fitness permission to use these photographs or video training/educational or promotional projects. I understand they may be given to third parties for their ethical and professional use in their advertising, educational products, web sites, catalogues and/or magazines.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian if under 18:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

