



# Client Information

Date \_\_\_\_\_

## Personal Info

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Married: Yes No Sex: F M DOB: / / HT \_\_\_\_\_ WT \_\_\_\_\_

Would you like to be on our email/ mailing list? Yes No

## Health History

**Have you experienced any:** Yes | No

Heart problems?

High or low blood pressure?

Sustained illness?

Limited range of motion?

Recent operations?

Dizziness or fainting spells?

Hernia, of any kind?

Knee problems?

Back problems?

Do you have any other conditions that would prevent you from participating in a fitness program?

(If yes, please explain)

\_\_\_\_\_

\_\_\_\_\_

**Have you experienced any:** Yes | No

Neck problems?

Joint problems?

Headaches?

Intensity: LOW MED HIGH

Frequency: LOW MED HIGH

Have you ever dieted to lose weight?

Have you ever taken nutritional supplements?

Are you on any medications?

Are you a diabetic?

I certify that the above statements are true and complete. Furthermore, I have had a medical examination within the last year that verified that I am in good health and able to participate in a strenuous fitness program. I release Absolute Fitness from all claims, injuries, damages, illnesses, actions or causes of action, and from all acts of active or passive negligence on the part of the company corporation, club, its owners, solvents, agents, or employees.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

## Emergency Contact

*In case of emergency, contact:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

## Goals

*What are your top three goals from this exercise program?*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## Physical Activity History

**Activity**

**Frequency**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*How did you hear about Absolute Fitness?*

Friend Name \_\_\_\_\_

Family Name \_\_\_\_\_

Physician Name \_\_\_\_\_

Newspaper / Circular Name \_\_\_\_\_

Radio / TV Name \_\_\_\_\_

Other Name \_\_\_\_\_



# Informed Consent

The facilities and activity programs offered by Absolute Fitness (hereinafter called the "Fitness Center") have been designed and established to provide the optimum level of beneficial exercise without compromising the health or safety of the clients who use the facility or participate in its activities. Because of the nature of the program, the inherent risk of injury that characterizes any exercise activity results in a practical limitation placed upon the Fitness Center in its efforts to prevent injuries to participants, whether actively participating in exercises, using the equipment, or taking advantage of the various other facilities at the Fitness Center. The Fitness Center would enlist your assistance in assuring that the facilities and equipment are used in a proper manner so that those inherent risks, that exist under the control of the Fitness Center, as well as those outside the control of the Fitness Center, and partially within the control of each individual participant, are minimized by the participant's thoughtful and cautious use of both the equipment and the facilities in general.

In consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes the risks, and agrees to accept the responsibility for any injuries sustained by him or her in the course of his or her use of the facilities, and/or its equipment. More specifically, the participant acknowledges and accepts responsibility for injuries arising out of those activities that involve risks in one or more of the following general areas:

1. The use of the exercise equipment.
2. Possible injuries or medical disorders arising out of the participant's exercising at the facility, such as heart attack, stroke, heat stress, or other injuries that arise out of individual or group sporting activities, such as sprains, broken bones, torn muscles, torn ligaments, and the like.
3. Accidents that occur within the facilities provided by the Fitness Center, such as, restroom, dressing room, and waiting room.

The participant further acknowledges the existence of and need for certain rules concerning the use of the equipment, facilities, and other procedures related to activities at Absolute Fitness he/she agrees to abide by those rules and to make every individual effort to assure that the equipment and facilities are kept in a safe and usable condition.

Having read the preceding, the participant acknowledges his or her understanding of those risks set forth herein and knowingly agrees to accept full responsibility for his or her own exposure to such risks.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print** \_\_\_\_\_