



1. I understand and am aware that strength and flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity I am also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial) _____

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment, or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial) _____

3. **24 hr notice of cancellation of an appointment or session may be billed**

(Please initial) _____

Contact info

First Name _____ Last Name _____
Address _____ City _____
Phone # _____
Emergency Contact Name _____ Emergency Contact Ph _____
Signature _____ Date _____

Pre- Appointment guideline

Have a light snack (yogurt, fruit, protein shake or muffin). Come prepared for physical activity bring water and wear appropriate clothing and footwear. ****Come prepared to sweat!!!****



Lifestyle Information Form

Name _____ Date _____

Physical Activity

1. In the last year, how often have you been engaged in physical activity?
 - Regularly (3 to 4 times/week)
 - Semi-regular (1 to 2 times/week)
 - Sporadic (1 to 2 times/month)
 - None
2. What types of physical activity do you consider fun? _____
3. What are your reasons for not exercising?

4. What physical activity have you been successful with in the past (enjoyed and participated in regularly)?

5. How do you think your weight affects your daily activities? _____

Support

6. Do you feel any family, friends, or co-workers have negative feelings towards your effort at physical activity? _____
7. Is your significant other or close friend involved in any regular physical activity? ____

Occupation/Leisure

8. What is your present occupation? _____
9. Does your occupation require much activity (i.e., walking, getting up and down, carrying things)?

10. What are your usual leisure activities? _____

Stressors

11. What types of things make you feel stressed? _____
12. How do you deal with your stress normally? _____

Dietary Patterns

13. How many meals and/or snacks do you have per day? _____
14. What would you estimate your caloric intake to be per day? _____
15. Do you feel you eat healthy "most of the time"? _____

Expectations

16. Specifically describe what you would like to accomplish through your fitness program during the next:
 - 1 month _____
 - 4 months _____
 - 1 year _____