



IN-TAKE FORM AND WAIVER

Name: _____ Date: _____
Address: _____
Phone: _____ E-mail: _____
Birthday: _____ Age: _____ Height: _____ Weight: _____ Waist: _____ Hip: _____ Gender: M/F
Resting Pulse: _____ Other measurements: _____
Emergency Contact: _____

Please tell us about your fitness goals:

Briefly describe your diet. Be sure to include what time you first eat as well as any beverages you consume during the day:

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with Fit Columbia, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check all that apply:

- Does your doctor know you are participating in this exercise program?
Do you currently participate in exercise regularly
Smoke
High blood pressure. If yes, please specify:
High cholesterol. If yes, please specify:
Heart disease. If yes, please specify:
Diabetes. If yes, please specify:
Stroke. If yes, please specify:
Asthma. If yes, please specify:
Epilepsy. If yes, please specify:
Back injury. If yes, please specify:
Orthopedic problems. If yes, please specify:
Arthritis/Bursitis. If yes, please specify:
Muscular weakness/injury. If yes, please specify:
Allergies. If yes, please specify:
Major illness or hospitalization within the last six (6) months. If yes, please specify:
Additional concerns. If yes, please specify:

Get Fit Columbia!

WAIVER AND RELEASE

I have been informed, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Client Initials _____

As a condition of my enrollment, I accept full and complete responsibility for my own ability to healthfully participate in this program. This means I acknowledge Fit Columbia, LLC training's recommendation that I obtain physicians approval of my participation in this program. I agree to hold Fit Columbia, LLC and its employees, successors, agents and assigns free and harmless of any and all liability for any subsequent injury or health problem that may result from or be aggravated by my participation in this program. Injuries include but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Client Initials _____

Model Release

In exchange for consideration received, I hereby give permission to Fit Columbia, LLC to use my name and photographic likeness in all forms and media for advertising, trade and any other lawful purposes.

Client Initials _____

I hereby affirm that I have read and fully understand the personal training agreement.

Print Name

Client's Signature

Date

Trainer's Signature

Date

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