



Today's Date: _____

Client Information

Full Name: _____
Last *First* *M.I.*

Home Phone: () _____

E-mail Address: _____

Emergency Contact Information

Full Name: _____
Last *First*

Primary Phone: () _____

Relation: _____

Primary Location

Location you'll be going to the most? _____

(we use this information to assign your FitPro for your 1 on 1 consults).

FOR OFFICE USE ONLY:

Membership:

DD
Free Week
P/T Client
Wellness Coaching

Records:

Mind Body
File

Staff Member



Liability Waiver:

1. **ACKNOWLEDGEMENT OF RISK:** Client acknowledges that the services purchased from Fulcrum Fitness LLC include participation in strenuous physical activities, including, but not limited to, aerobics, weight training, running, jumping and stair-climbing, all in indoor and outdoor settings. Client acknowledges these physical activities involve the inherent risk of physical injuries or other damages, including, 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 Client's participation in the physical activities. Client further acknowledges that such risks include, but are not limited to over exertion of Client, slip and fall by Client, or an unknown health problem of Client. Client agrees to assume all risk and responsibility involved with Client's participation in the physical activities. Client affirms that Client is in good physical condition and does not suffer from any disability that would prevent or limit participation in the physical activities. Client acknowledges participation will be physically and mentally challenging, and client agrees that it is the responsibility of Client to seek competent medical or other professional advice, regarding any concerns or questions involved with the ability of client to take part in the physical activities. By signing this Agreement, client asserts that Client is capable of participating in the physical activities. Client agrees to ASSUMES FULL RESPONSIBILITY FOR SUCH RISKS and for Client's exceeding his or her physical limits.
2. **WAIVER, RELEASE AND AGREEMENT TO HOLD HARMELSS.** In consideration of being permitted to enter the Facility for purposes including use of the Facility, uses of the Facility's equipment, and participation in any program or service, Client herby WAIVES, RELEASES, AND AGREES TO HOLD HARMLESS the Company and its directors, officers, employees, and agents from any liability to the Client, and the Client's guests, personal representatives, assigns, heirs, and family (herein known as "Guests") or any loss or damage, and forever gives up an claim or demands therefore, on account of injury to Client's person or property, including injury leading to the death of Client, whether caused by the negligence of Company or otherwise to the fullest extent permitted by law, while Client is in, upon, or about the Company Facility or using any Company Facility services or equipment. This release and waiver of liabilities includes without limitation and any claims arising in negligence, other tort, or contract.
3. **AGREEMENT TO INDEMNIFY.** Client also herby AGREEST TO INDEMNIFY COMPANY from any loss, liability, damage, or cost Client may incur due to the presence of Client in, upon, or about the Company Facility or in any way observing or using any of the Facility's equipment whether caused by the negligence of Client the negligence of Company, or otherwise.
4. **VIDEOTAPE AND PHOTOGRAPHY.** Client acknowledges that video and photographic images may be captured during classes for promotional purposes and that client may appear in web postings including but not limited to Facebook, Blog postings, and on Fulcrum Fitness LLC run websites. Client waives all rights to said images.
5. **CANCELLATIONS:PERSONAL TRAINING** cancellations need to be made 24 hours prior to the scheduled appointment time to not be considered a "no show". In the event Client "no shows" for their scheduled training session, the Client will be charged for that session. **CLASS** cancelations need to be made no later 6 hours prior to scheduled class not to be considered a "no show" (\$10 charge applies to class "no shows") **MEMBERSHIP** cancellations require 30 day notice from next bill date.
6. **REFUNDS: All Sales are final.** No refunds shall be made for appointments serviced.
7. Client further expressly agrees that this agreement intended to be as broad and inclusive as is permitted by the law of the state of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

This agreement to take effect as of the date signed and is subject to change without notice as Company should deem necessary. The undersigned represent and warrant that he/she is at least 18 years of age:

Print Name X _____

Client Signature X _____

Dated: ____/____/20____



Exercise Readiness Questionnaire:

Yes	No	1) Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
Yes	No	2) When you perform physical activity, do you feel pain in your chest?
Yes	No	3) When you were not engaging in physical activity, have you experienced chest pain in the past month?
Yes	No	4) Do you ever faint or get dizzy and lose your balance?
Yes	No	5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?
Yes	No	6) Do you have high blood pressure or a heart condition in which a physician is currently prescribing a medication?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 50 years of age or older and not used to being very active?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

****If you've checked yes to any of the boxes above, you will need to speak with a staff member before participating in any Fulcrum Fitness class. **This is for your safety.** Please email us at customercare@fulcrumfitness.com to setup a time for a free consultation.



Goal Questionnaire:

1. Have you been working out or exercising in the last year? If yes, what have you been doing?

2. Do you have any injuries or conditions not listed above that we should know about? (This includes previous knee, shoulder, or back surgeries, or pain in any of these areas.)

If you've written anything in this box, you will need to gain clearance from a Fulcrum Certified Trainer before participating in Fulcrum Group workouts. This is for your safety.

3. What are your main goals for exercising?
- weight loss
 - sustained fitness/general health
 - strength and conditioning
 - training for sport performance
 - weight/muscle gain
 - improve nutrition
 - fix my knees, shoulders, and/or lower back
 - cholesterol reduction
 - diabetes control
 - blood pressure reduction
 - other _____

4. Do you have a time frame in mind to reach your goal? If yes, what is it? _____

5. Are you interested in making a lifestyle / dietary change in addition to the exercise component? _____

6. Would you be interested in free consultation with one of Fulcrum's Certified Health Coaches to find out how to reach your goal as quickly as possible? _____