Client Intake Form

Name: _____ Phone: _____

Address: _____ City / State / Zip: _____

Email: _____ Emergency Phone: _____

How do you rate your current fitness level (1 - 10): _____

Do you currently train? YES NO If so, where? _____

What are your goals?

__ Weight Loss __ Muscle Gain __ Strength __ Increase Energy __ General Health __ Other

How many days a week will you commit to achieving this goal? __ 1 __ 2-3 __ 4+

Time frame for achieving this goal? __ 3 mo. __ 6 mo. __9 mo. __ 12 mo.

Do you have any medical conditions we need to know about?

__ High Blood Pressure __ Heart Condition __ Diabetes __ Seizures

__ Other: _____

What or who influenced you to come in today?

__ Spouse __ Friend __ Doctor __ Myself __ Upcoming Event __ Other: _____

I (the "Client") voluntarily desire to participate in physical exercise training classes conducted on behalf of Athletic Performance Edge and The Den located at 351 Sherwood Rd. and understand and agree to the following:

1. **Client agrees to assume full responsibility while voluntarily participating in training at the Gym at the Client's sole risk and discretion. Client shall abide by any rules and regulations for use of the Gym which may be communicated from time to time by the Gym.**
2. **Client understands and agrees that there is a risk of injury associated with participation in any exercise program and that there exists the possibility for certain conditions occurring during or following training. These may include, but are not limited to, abnormalities in blood pressure or heart rate, heart attach or stroke, fainting or light headedness. The reaction of the cardiovascular system to such activity cannot be predicted.**
3. **It is strongly that the Client receives medical clearance from his/her physician prior to participating in an exercise training class/program. The Gym's training programs are not designed for anyone who experiences any of the above conditions.**

4. **Client has been informed that any fitness program includes possible risks and all exercises shall be undertaken at Client's sole risk and discretion. Client assumes full responsibility for any and all damages, injuries or losses that may be sustained or incur, while on Gym's premise. Client hereby waives all claims against the Gym, the Building Facility, the Instructors, Employees or any Staff. Client hereby agrees to indemnify, defend, hold harmless, release and discharge the Gym from all claims, demands, injuries, damage, actions, causes of actions, and from all acts of negligence.**
5. **Client gives permission for the free use of Client's name and/or picture in any broadcast, telecast or other promotion that occurs to promote and advertise the Gym. To the extent that any provision of this release is determined to be unenforceable, Client understands that the remainder of such provisions shall still be enforceable. Client further states that by signing below in the section for adults, that Client is of lawful age and legally competent to sign this release on Client's own behalf; that Client understands the terms herein are contractual and not a mere recital; and that Client has signed this release below of Client's own free will.**

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS:

Client's Signature: _____ Date: _____