Stronger Body

Fitness Assessment & Waiver of Liability

Personal Information

Full Name:	
Date of Birth:	
Phone:	
Email:	
Emergency Contact Name:	
Emergency Contact Phone:	

Health Screening Questions

Question	Yes	No
Has your doctor ever said you have a heart condition?		
Do you feel pain in your chest during physical activity?		
Do you lose balance because of dizziness or ever lose consciousness?		
Do you have joint or bone problems that could be worsened by exercise?		
Are you currently taking medication for blood pressure or heart condition?		
Do you know of any other reason you should not participate in exercise?		

Fitness Goals

Primary Goal:	
Secondary Goal:	
Exercise Experience:	
Injuries or Limitations:	

Waiver of Liability

I understand that participation in physical exercise and fitness training involves risk of injury. I voluntarily choose to participate in training sessions provided by Stronger Body and assume full responsibility for any risks, injuries, or damages that may occur as a result of participation. I confirm that I am physically able to participate in exercise activities and have disclosed any known medical conditions or limitations. I release and discharge Stronger Body, its trainers, and staff from any liability, claims, or causes of action arising out of participation in exercise or training programs.

Participant Signature:	
Date:	
Trainer Signature:	