



NAME _____ DOB _____ AGE _____

ADDRESS _____ EMAIL _____

PHONE #'S - HM (_____) - WK (_____) - CELL (_____)

INFORMED CONSENT - I hereby acknowledge that I have voluntarily chosen to participate in a progressive physical exercise program. I further acknowledge that I am fully aware of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to abnormal blood pressure, fainting, heart attack or death. By signing this document, I agree to assume all risk for my health and well-being and agree to hold harmless of any responsibility for any and all injuries resulting from participation in the program David N. Bickel and any and all other agents, officers, successors and assigns of Complete Balance Fitness. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

* Signature _____ Date _____

POLICIES AND PROCEDURES -

Check with your physician before beginning any new training and/or diet program.
Train barefoot or in flat, thin soled shoes.
IT'S YOUR RESPONSIBILITY. "I (Insert name here) am always responsible for my own safety and the safety of those around me."
Stay focused and alert.
Always make sure your line of fire is clear.
Never cross into someone else's line of fire.
Never compete for space with a kettlebell, If a kettlebell wants to twist or pull you in an unsafe way, ABORT. Guide it, Pitch it, or Drop it and MOVE.
Use common sense.
Inform trainer immediately of any changes in your ability to perform physical activity.
Always sign in/out for each session/class.
Always follow instructions.
Prepaid packages are nontransferable, nonrefundable, and have expiration dates.
Cancellations must be made at least 24 hours in advance to avoid charges.
Repeated violations of policies and procedures can result in package forfeiture.

* I agree do not agree to allow CBF and assigns to use my likeness, picture, and/or written or verbal _____ comments, in whole or in part for educational/promotional purposes.

My signature indicates that I am aware of, understand, and agree to adhere to the above policies and procedures.

* Signature _____ Date _____

GOALS - Please list your three most important fitness goals.

- 1)
- 2)
- 3)



MEDICAL HISTORY

Name _____ Date _____

DOB _____ Age _____

Are you currently under a doctor's care? (If yes, please explain) _____

Do you drink alcohol and if so, how much and how often? _____

Rate your daily level of stress ___low ___moderate ___high ___very high

Rate your daily level of activity ___low ___moderate ___high ___very high

Do you now or have you had in the past:

- | | |
|---|--|
| ___yes ___no Known heart disease | ___yes ___no Difficulty with physical exercise |
| ___yes ___no History of heart problems, chest pain, or stroke | ___yes ___no Advise from a physician not to exercise |
| ___yes ___no Chest pain with exertion | ___yes ___no Tobacco use |
| ___yes ___no Diabetes or thyroid condition | ___yes ___no Recent surgery(within last 12 months) |
| ___yes ___no Any chronic illness or condition | ___yes ___no Pregnancy(now or within last 3 months) |
| ___yes ___no Lightheadedness or fainting | ___yes ___no Obesity |
| ___yes ___no High blood pressure | ___yes ___no History of heart problems in immediate family |
| ___yes ___no High cholesterol | ___yes ___no Muscle, joint or back disorder |
| ___yes ___no History of breathing or lung problems | ___yes ___no Any previous injury still affecting you |
| ___yes ___no Unusual shortness of breath | ___yes ___no Hernia or any condition that may be aggravated by lifting weights |

Please explain any "yes" answers : _____

Please list any medications you are taking and why: _____

Does your physician know you are participating in this exercise program? _____

Describe your current exercise regiment. _____

Do you know of any reason why you should not participate in physical activity? (If yes, please explain) _____

***Signature** _____

Date _____