



WELLNESS ASSESSMENT QUESTIONNAIRE

Name: _____ How did you hear about us?: _____ If referred, by who? _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Age: _____ Height: _____ Weight: _____ Ideal or goal Weight: _____

Name of contact in case of emergency: _____ Relationship: _____ Cell #: _____

1. Are you currently or have you been a member of a wellness studio or facility before? Yes _____ No _____

2. Do you have experience with Pilates, Yoga or Barre? Yes _____ No _____

*If so, please explain: _____

3. Have you been exercising regularly for the past 6 months? _____ If yes, what type of exercise? _____

4. What type of exercise do you enjoy most? _____

5. Please list any habits you would like to change: _____

6. Please list any wellness goals you wish to achieve: _____

7. In your opinion, what factors have slowed your progress in the past? (Circle all that apply):

Time Discipline	Money Knowledge	No facility Experience	Procrastination Accountability	Lack of support Lack of expertise
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8. I would like to: (circle all that apply):

Lose inches/weight	Gain inches/weight	Maintain	Look better	Live healthier	Find Balance
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9. On a scale of 1 – 10, how serious are you about achieving your wellness goals & committing to a healthy lifestyle?

1	2	3	4	5	6	7	8	9	10
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10. Is there anything we should be aware of? (i.e past injuries, surgeries, current issues, etc?) If so, please explain: _____

RELEASE AND WAIVER OF LIABILITY

ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF CORE CONNECTIONS.

Member acknowledges that the Personal Training/Fitness Assessment hereunder could include participation in strenuous physical activities, including but not limited to, aerobic, weight training, and various aerobic conditioning and body weight training. Member acknowledges these Physical Activities involve 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 other illness, soreness, or injury however caused, occurring during or after the Members participation in the Physical Activities. Member further acknowledges that such risks include but are not limited to, injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of a Member, slip and fall by Member, or an unknown health problem of Member. Member agrees to assume all risk and responsibility involved with participation in the Physical Activities.

Member affirms that Member is in good physical condition and does not suffer from any disability that would prevent or limit participation in the Physical Activities. Member acknowledges that participation will be physically and mentally challenging, and Member agrees that it is the responsibility of Member to seek competent medical or other professional advice regarding any concerns involved with the ability of Member to take part in the Physical Activities. Member, on behalf of Member, his or her heirs, assigns the next of kin, agrees to fully release CORE CONNECTIONS (as well as any of its owners, instructors, related entities, employees or other authorized agents, including Independent Contractors) from any and all liability, claims and/or litigation actions that Member may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in the Physical activities, including but not limited to the Personal Training/Nutritional Program and the Physical Activities, even if caused by the negligence, intentional acts or omissions and/or any other type of fault of CORE CONNECTIONS, it's owner's, employees or other authorized agents including Independent Contractors.

I give permission for Core Connections to use photo's, video or audio recordings. I understand that photos/recordings taken may be published on the Core Connections website, Facebook, Youtube, Idea Fit or other media sites.

***By signing this Agreement, I assert that I am capable of participating in the physical activities offered.
I agree to assume all risk and responsibility for exceeding my own physical limits.***

Printed Name: _____ Date: _____

Signature: _____

Cell phone #: _____ Alternate phone #: _____

E-mail address: _____