



## New Client Intake Form

First Name	Last Name	Nickname
Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip
Email	Cell Phone	Home Phone
Facebook	Instagram	
Emergency Contact	Tel	

**OUR GOAL IS TO HELP YOU ACHIEVE YOUR FULL FITNESS POTENTIAL WITH A PERSONALIZED PROGRAM THAT INCORPORATES EXERCISE, BALANCED NUTRITION, AND PROPER SELF-CARE. To make the most of your free initial consultation and fitness assessment we would like to create a personalized program for you. In order to do so, please tell us more about your goals, your current fitness level, and your lifestyle as it relates to your fitness.**

What is your motivation and primary goal for coming to Body Rock Fitness Studio? What do you want to accomplish?	Do you have a deadline in mind or a specific timeframe in which you would like to accomplish your goal? (focus on specific body parts/specific weight loss/ run a race etc)?
How much time will you be able to commit to your fitness routine? _____ Days Per Week    _____ Minutes Per Day	Tell us about your exercise history:
On a scale of 1-10 how would you rate your current fitness level? 1=best 10=worst _____	How often do you currently partake in exercise? _____ times per week and _____ Hours per Session
If your participation in fitness is lower than you would like it to be, what are the reasons? <input type="checkbox"/> Lack of Interest <input type="checkbox"/> Illness <input type="checkbox"/> Lack of Time <input type="checkbox"/> Other	What types of activities are you currently involved in? <input type="checkbox"/> Cardio <input type="checkbox"/> Strength Training <input type="checkbox"/> Other <input type="checkbox"/> Pilates/Yoga <input type="checkbox"/> Sports/Outdoor

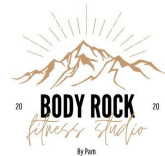
What are the best days for you to exercise?  
 Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

What are the best times of day for you to exercise?  
 Early Morning (before 9am)    Morning (9am-Noon)    Afternoon (Noon-3pm)  
 Late Afternoon (3pm-6pm)    Evening (after 6pm)

What does a typical day of eating look like for you?

Breakfast:	Time of Meal _____	Type of food _____	Qty _____	<input type="checkbox"/> Do Not Eat
Lunch:	Time of Meal _____	Type of food _____	Qty _____	<input type="checkbox"/> Do Not Eat
Dinner:	Time of Meal _____	Type of food _____	Qty _____	<input type="checkbox"/> Do Not Eat
Snacks:	Time of Meal _____	Type of food _____	Qty _____	<input type="checkbox"/> Do Not Eat

Food allergies or other diet restrictions:



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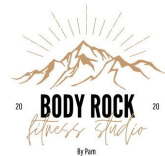
### PHYSICAL ASSESSMENT

Regular physical activity should be fun, safe and healthy. Prior to starting a new exercise program, you should consult with your physician for any potential concerns. Please read the following questions carefully and answer each one by checking YES or NO.

Has your physician ever said that you have a heart condition and/or have they limited your physical activity due to this condition?	YES	NO
Do you feel pain in your chest when you do physical activity?	YES	NO
In the past month, have you experienced any chest pain when you were NOT doing physical activity?	YES	NO
Do you lose your balance due to dizziness or ever lose consciousness?	YES	NO
Are you currently taking any prescription drugs for a heart condition or high blood pressure (eg water pills)?	YES	NO
Are you over 69 years of age?	YES	NO

<b>If you answered YES to one or more of the questions above:</b>	<b>If you answered NO to all the questions above:</b>
<b>Talk with your physician before you start training at Body Rock Fitness Studio.</b>	<b>You may begin training at Body Rock Fitness Studio.</b>
<p>Your physician may limit your activities to ones they deem safe. Please bring written instructions from your physician ("Physician Release") outlining your exercise guidelines.</p> <p>You may be able to do any activities you want as long as you start slowly and build up gradually. Remember that no exercise should ever cause you pain. Stay within your fitness abilities and the confines of the Physician Release and consult with your physician as necessary.</p> <p>If you are unsure about an exercise or how to use a piece of equipment, ask the trainer before you begin.</p>	<p>Schedule a free initial consultation and fitness assessment with a trainer. This is an excellent way to determine your basic fitness level. A trainer will then develop a personalized training program that details your specific exercises and how often you should train. Remember to start slowly and build up gradually. Stay within your fitness ability to ensure your safety and this will ensure your return and enjoyment of fitness. If you experience any pain, speak to your trainer about potential modifications.</p> <p>If you are unsure about an exercise or how to utilize a piece of equipment ask the trainer before you begin to ensure your safety.</p>

I HEREBY WAIVE my rights to obtain a Physician Release and assume full responsibility for any risks associated with my fitness program and activities at Body Rock Fitness Studio. Body Rock Fitness Studio reserves the right to mandate a Physician Release from me at any time. \_\_\_\_\_ [Initial Here] Date \_\_\_\_\_



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### HEALTH CONDITIONS AND INJURIES

Please list any current, past, or recurring physical conditions including injuries, illness, medications, surgeries or general health issues that may prevent your ability to perform a fitness program or that should be taken into consideration by our trainer or instructors.

**If you answer yes please provide details:**

Heart Condition or High Blood Pressure	No	Yes:
Hyperglycemia or Hypoglycemia	No	Yes:
Asthma or Other Respiratory Condition	No	Yes:
Spinal Injury (Neck or Back)	No	Yes:
Shoulders	No	Yes:
Elbows	No	Yes:
Wrists, Hands or Fingers	No	Yes:
Hips	No	Yes:
Knees	No	Yes:
Ankles, Feet or Toes	No	Yes:
Other Health Issues (Ex: pregnancy, arthritis, cancer, tendonitis, autoimmune disease)	No	Yes:
Notes or Other		

I HEREBY ACKNOWLEDGE AND VERIFY that the above information is accurate and have notified my trainer/instructor of all health issues prior to beginning any fitness program, class, or activity at BODY ROCK FITNESS STUDIO. In the event that these physical or health conditions should change, it is my responsibility to inform BODY ROCK FITNESS STUDIO and my trainer in writing.

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name \_\_\_\_\_ Date

If you are under 18 years of age: Parent/Guardian Signature:

\_\_\_\_\_ Signature \_\_\_\_\_ Date



## New Client Intake Form

### Overall Policies and Procedures

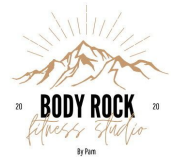
- All Classes and Training sessions should be scheduled directly online. You can find the link at BodyRock-Fitness.com or [www.vagaro.com/BodyRock-Fitness](http://www.vagaro.com/BodyRock-Fitness).
- CANCELLATION POLICY All training sessions are scheduled by appointment. Appointments that are not cancelled at least 24 hours in advance will be charged in full to the client. Cancellations must be made online at [www.vagaro.com/BodyRock-Fitness](http://www.vagaro.com/BodyRock-Fitness).
- If a client cancels or reschedules at least 24 hours prior to their appointment time, they will automatically be refunded in the form of their initial payment. Cancellations must be made online at [www.vagaro.com/BodyRock-Fitness](http://www.vagaro.com/BodyRock-Fitness).
- Your workout ends at the original designated time, regardless of when you arrive. If for some reason you arrive late for your registered time slot, unfortunately we will need to hold your original 45 minute appointment time.
- SCHEDULE CHANGES Clients may reschedule future appointments online at [www.vagaro.com/BodyRock-Fitness](http://www.vagaro.com/BodyRock-Fitness). Scheduling changes must take place at least 24 hours in advance for personal training sessions and at least 12 hours in advance for group classes.
- PAYMENT POLICY Individual Training and/or classes may be purchased online or at the studio. Full payment for packages or individual sessions are due at the time of purchase.

### **Health Policies and Procedures**

The following health policies and procedures are put in place for the safety of all members and staff and to follow state guidelines. While this might be our new "normal" for some time, we ask for everyone's cooperation as we continue to adapt to the changing times. We will be stronger together and stay healthy as we follow these policies.

### **Studio Capacity**

- Please sign up for training sessions or classes using our website [www.vagaro.com/BodyRock-Fitness](http://www.vagaro.com/BodyRock-Fitness). There are no walk-ins.
- Our studio is by appointment only, so we can monitor how many people are in the studio at one time.
- It is important to abide by our appointment times to enter the studio. The closed time between sessions will allow us to disinfect the studio and the equipment between appointments.
- Members or individuals in members' families that present any symptoms of COVID-19 should discuss this with us and should not enter the studio.
- **When working out with people other than those you live with masks will be required.**
- Members will not be granted entry until the time slot begins.
- All members' personal items will be left at the cubbies located upon entering the studio doors. The only item members may bring with them into the actual gym will be their phone after it is disinfected.
- Upon entry members will have their temperature taken. A member with a temperature reading above 100.4 will be denied entry to the gym.
- Your workout ends at the original designated time, regardless of when you arrive. If for some reason you arrive late for your registered time slot, unfortunately we will need to hold to your original 45 minute appointment time.



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### **Cleaning and Sanitation**

- At the end of each 45 minute session the studio will shut down for 15 minutes so the equipment and studio can be cleaned and sanitized.
  - Body Rock Fitness Studio will conduct a deep cleaning after we close each day.
  - The staff will be adhering to CDC, state and local guidelines.
- We ask members to do the following while in the studio:***
- All members will be required to sanitize hands after checking into the studio.
  - All members are required to clean equipment before and after use with provided wipes.
  - Members are encouraged to wash hands frequently and avoid touching their face.
  - Please adhere to social distancing while inside the studio.
  - Please avoid sharing equipment with friends and other members and utilizing more than one piece of equipment at a time to avoid unintentional contact with others.

*These guidelines are subject to change at any time. All guidelines will be evaluated weekly and will continue to follow the recommendations of the State as well as local public health mandates. Please be sure to stay updated with us via our website, all social media platforms, and within the studio for continued updates. We thank you for your cooperation!*

_____ Signature
_____ Print Name _____ Date
If you are under 18 years of age: Parent/Guardian Signature:
_____ Signature _____ Date



## New Client Intake Form

### **RELEASE AND INDEMNITY AGREEMENT**

This RELEASE AND INDEMNITY AGREEMENT ("Release") is made to release and indemnify Body Rock Fitness Studio LLC, a New Jersey limited liability company, and all of its respective members, employees, heirs, successors, agents, contractors and assigns (collectively the "Released Parties").

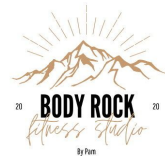
The undersigned, on his/her own behalf or, if applicable, as the parent or guardian of a minor (the person engaged in the activities with Body Rock Fitness Studio shall be referred to hereafter as the "Participant"), and on behalf of the undersigned's heirs, successors, representatives and assigns (singularly and collectively the "Releasing Parties"), hereby grants the Released parties this full and complete release and indemnification as consideration in exchange for permitting Participant to participate in this exercise program or any other activity associated with or through the Released Parties.

Participant is entering into this Release after having viewed or having the opportunity to view the studio and instructors' qualifications and having had the opportunity to ask questions regarding the services and risks associated with this exercise program. Participant further acknowledges that his/her participation in the activity is voluntary with full knowledge, understanding and appreciation of the risk inherent in any physical exercise and expressly assumes all risk of injury and even death, which could occur by reason of Participant's participation.

Despite all known and unknown risks, including but not limited to bodily injury (including death) and property loss or damage, the undersigned, on behalf of the Releasing Parties, hereby releases, waives, acquits and forever discharges any and all known or unknown claims, demands, causes of action, damages, losses, and expenses that the Releasing Parties may ever have or have had against the Released Parties arising out of, related to and/or in connection with Participant's membership, studio attendance and participation in any activity or exercise program offered by the Released Parties, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by Released Parties or any third party. Without limiting the release, Participant/Releasing Parties release Released Parties from any respiratory or other illness, including but not limited to COVID.

By signing, I acknowledge and agree that I should consult any medical practitioner prior to participating in any activities with Body Rock Fitness Studio or using its facilities, especially if I had, have, or develop a serious health condition, including but not limited to stroke, lupus, hernia, numbness in the extremities, orthopedic condition, heart condition, asthma, breathing problems, faintness, dizziness, loss of balance, recent injury/surgery/concussion, or current pregnancy.

The Releasing Parties further agree to indemnify, defend and hold harmless, the Released Parties from any and all claims arising out of the Participant's participation in any activity or exercise program offered by the Released Parties or in the use of any equipment at the Body Rock Fitness Studio or any other premises owned, leased or used by the Released Parties, without limitation, attorneys' fees and expenses incurred by the Released Parties.



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### **RELEASE AND INDEMNITY AGREEMENT Continued**

All personal property brought to the studio or any other location where the Participant is participating in any activity or exercise program offered by the Released Parties, is brought at the sole risk of the Participant as to its theft, damage, or loss. The Released Parties are not responsible for any items left at the Body Rock Fitness Studio or any other premises owned, leased, or used by the Released Parties.

Participant hereby permits the Released Parties to use, without compensation or royalties, images or video of Participant as a program participant, including but not limited to its social media or web-based materials, broadcast and print advertising, and websites produced and published by the Released Parties. All such materials are deemed property of the Released Parties.

Participant expressly agrees that the terms of the release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of New Jersey. Any provision of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion and the remainder shall be enforced to the greatest extent possible. Furthermore, any dispute arising out of this agreement shall be subject to binding arbitration.

Participant agrees to maintain current credit card information on file and authorizes Body Rock Fitness Studio to charge the credit card on file for the payment of services and fees. This credit card is kept on file and will remain in effect until the expiration of the credit card account.

We will not seek, use, or disseminate any information from unauthorized access, use, modification, or disclosure. These files are confidential and will only be used by the studio to better support your needs.

PARTICIPANT ACKNOWLEDGES THAT HE/SHE HAS READ, UNDERSTANDS AND VOLUNTARILY AGREES TO THE TERMS SET FORTH IN THIS RELEASE AND INDEMNITY AGREEMENT.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/LEGAL GUARDIAN MUST CONSENT: I, as parent or legal guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this release form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_