

Bell's Bodies Fitness, LLC
928 Creek Rd, Suite A13
Bellmawr, NJ 08031

Client Information and Fitness Profile

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____
Email: _____

Occupation: _____ Work Phone: _____
Age: _____ Birthday: _____ Male/Female

Emergency contact: _____
Phone: _____

FITNESS AND MEDICAL BACKGROUND

What is your past exercise experience?

What are your short-term goals? (1-3 months)

Have you ever been a member of a fitness facility or participated in a personal training program? If yes, explain...

MEDICAL HISTORY and HEALTH HABITS
Medical Disclosure Form

Sex M / F Age _____

What is the present state of your health, as you perceive it? On a scale of 1 to 10?

Answer the following to the best of your knowledge:

- 1) Have you consulted a doctor prior to joining this club? Y / N
- 2) Has your doctor said you have heart trouble? Y / N

*If yes, then you must provide a written prescription from a physician to participate in an exercise program.

- 3) Do you frequently suffer from pains in your chest? Y / N
explain _____

- 4) Do you have high blood pressure? Y / N When was it last checked? _____
What was the reading? _____ over _____

- 5) Do you eat a balanced diet?

- 6) Are you diabetic? Y / N Type? _____ Is it controlled by... diet or insulin pills/shots?

- 7) Are you pregnant? Y / N If yes, you must provide a prescription from your doctor with permission to participate in an exercise program.

- 8) Do you have difficulty with physical exercise? Do you have any of the following conditions?
Please circle and Elaborate.

a) Hernia b) Arthritis c) Herniated/Bulging discs d) Tendinitis e) Neck problems

f) Shoulder problems g) Elbow problems h) Wrist problems i) Back problems

j) Hip problems k) Scoliosis l) Knee problems m) Ankle problems n) IT Band

o) Foot problems p) Osteopenia /Osteoporosis q) Asthma r) Nagging Injuries

s) Thyroid Disease t) Vertigo/dizziness u) Fainting v) Other

9. Have you had any surgery in last 12 months? Y / N... If yes, then please explain: _____

9) Are you taking any medications? If yes, then please list: _____

Health Habits

Do you smoke? If yes, then how often?

Do you drink alcohol? If yes, then how much and how frequently?

Do you have a sedentary job? Lifestyle? _____

Do you follow any meal plans? Are you on a specific diet? _____ Do you
drink enough water?

This form is intended for informational purposes only. It in no way represents acceptability to participate in any exercise activity. Bell's Bodies Fitness, LLC recommends a consultation with your physician before starting ANY exercise program. Personal training services will not be medically supervised and you understand that you are exercising at your own risk.

Signature _____ Date _____

Print Name _____ Date _____

**WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS ...
(TO BE COMPLETED AND SIGNED BY EVERY MEMBER AND GUEST USING
FACILITY and/or SERVICES)**

DISCLAIMER: BELL'S BODIES FITNESS, LLC (The Club) IS NOT RESPONSIBLE FOR ANY INJURY, INCLUDING DEATH, OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE ON THE PREMISES OR PARTICIPATING IN THE USE OF THE CLUB AND ITS FACILITIES FOR ANY REASON INCLUDING BUT NOT LIMITED TO THE UTILIZATION OF ANY EQUIPMENT OR THE PLAYING, PRACTICING OR SPECTATING OF ANY ACTIVITY OCCURRING IN OR ABOUT THE CLUB PREMISES.

In consideration of my participation in and the use of Bell's Bodies facilities I hereby release and covenant not to sue the Club, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of use of the facilities and equipment of the Club including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am fully aware and understand that Bell's Bodies does not have on or about the Club premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I am also fully aware and understand that such losses, injury, disability or death may result from the actions, inactions or negligence on my part, on the part Bell's Bodies Fitness LLC, on the part of others, the rules of play, or the condition of the Club's premises and equipment.

I agree that immediately prior to participating in any activity occurring in or about Bell's Bodies facilities I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of the Club of the defect.

I further agree that if I am not knowledgeable in the proper use of any of the Club's facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless the Club, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees for any and all claims arising from my involvement in or receiving instruction for the Club activities incidental thereto wherever, whenever and however the claims may arise including but not limited to travel to and from the Club or related activity site and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting there from. **I further agree that it is my responsibility to talk to a physician before engaging in any physical activities such as but not limited to personal training and group fitness classes.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Bell's Bodies Terms and Conditions

Personal training sessions and group classes are non-refundable and hold an expiration of six months after the date of purchase. Please note that personal training sessions and classes are transferable.

Cancellation Policy

Bell's Bodies Fitness, LLC and its contractors work on a scheduled appointment basis. Any session canceled **with less than 12 hours notice** will be deducted from the client's prepaid block of training sessions. Twelve hours notice by phone or text allows the trainer to fill the time slot rather than lose a block of personal training time. E-mail and Facebook are not preferred methods of communication for cancellation. Please respect our time and we will respect yours.

Refund Policy

Please note that Bell's Bodies Fitness, LLC has a strict "NO REFUNDS" policy. Please recognize that no money will be refunded if a contractor leaves the company for ANY reason. If necessary, we will accommodate you with another fitness professional. No money will be refunded if your sessions or classes pass the six month expiration date. No money will be refunded due to illness or ANY other reason. (Training sessions and classes are transferable)

Agreement

By signing below, you are acknowledging and agreeing to these terms.

Thank you tremendously for your cooperation!

Signature: _____ Date: _____

Print Name: _____

Nutritional Recommendation Disclaimer

Although nutrition is an important component of an exercise program, personal trainers may only have a basic knowledge of this particular subject. Therefore, any and all recommendations or advice about food, food choices, vitamins or supplemental products, as well as caloric intake and water consumption will be given under the client's assumption that neither the trainer, nor Bell's Bodies Fitness, LLC, is licensed in field of dietetics.

Furthermore, any written articles, handouts, or sample eating plans should be, at the client's expense, reviewed and approved by a registered nutritionist or a registered dietician.

I have read the above section and understand that any and all dietetic information or advice that I receive should be reviewed by a licensed professional in the field of dietetics or nutrition, before implementation into my lifestyle.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

PHOTO/VIDEO RELEASE FORM

Client Name: _____

Client Address: _____

I hereby consent to the photographing of myself and the use of these photographs for the purpose of advertising, publicity, commercial or other business purposes by Bell's Bodies Fitness, LLC. I understand that the term "photograph" as used herein encompasses both still photographs and video footage.

I further consent to the reproduction and use of said photographs for any marketing or distribution purposes.

I hereby release Bell's Bodies Fitness, LLC, and any of its associated or affiliated companies and appointed advertising agencies from all claims of any kind on account of such use.

If client is under 18: I, _____, am the parent/legal guardian of the individual named above. I have read this release and approve its terms.

Print Name: _____

Signature: _____

Date: _____

EMAIL RELEASE

I hereby consent to receiving emails from Bell's Bodies Fitness, LLC for the sole purpose of receiving special deals, information regarding upcoming events and/or anything Bell's Bodies Fitness, LLC would like to promote.

Bell's Bodies Fitness, LLC does not share or sell your email address to anyone and strictly uses email as a source of information for our clients.

Print Name: _____

Date: _____