

INFORMED CONSENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Please list any recent illnesses or injuries:

[Empty rectangular box for listing illnesses or injuries]

"I, (print name) \_\_\_\_\_, have enrolled in a personal training program of strenuous, physical activity including, but not limited to, a variety of group exercise classes, weight training, stationary bicycling and various aerobic conditioning machinery offered by "CMWS, LLC." I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration of my participation in personal training and or group fitness programming , I, (please initial) \_\_\_\_\_, for myself, my heirs and assigns hereby release "CMWS" (its employees, contractors and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation including, but not limited to miscarriage, heart attack, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness, injury or even death however caused occurring during or after my participation in the exercise program."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby affirm that I am exercising with my physician approval regarding this program and have read and fully understand the above agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NEW CLIENT INTAKE FORM

Welcome to PUSH! We are so excited to have you here! Please tell us a little bit about yourself, so we can get to know you better!

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Favorite Post Workout Snack: \_\_\_\_\_

Last Time You Were Part of a Fitness or Training Program:

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Your Top Three Fitness Goals:

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