

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Sex: (Circle One) M F Home Phone# (\_\_\_\_)\_\_\_\_\_  
 Cell (\_\_\_\_)\_\_\_\_\_  
 Address: \_\_\_\_\_

In consideration of my participation in a Nutrition, Fitness & Weight Training, Post-Rehab, Home Weight Equipment, Training Elderly, Weight Gain Programs, Weight Loss Programs and all Future Fitness Training Programs Offered by Darin (Owner) and Fitness and Body Image. I do hereby agree to hold free from any and all past and future liability, Fitness and Body Image, Darin Swapp(owner), his/their heirs, anyone he may represent, for myself, my heirs, executors and administrations, waive release, waive any option to sue, forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in the Fitness and Weight Training Program. I agree that all training packages payments are non-refundable unless the trainer is not able to make it.  
 In the event I(client) didn't show for training session and not notify trainer at least a day in advance, I will still pay the regular amount for the session.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_  
 (If under 18 years)

What are your personal fitness goals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Present Height	_____	Weight	_____
Target Weight	_____		
Muscle Toning	_____	Weight Loss	_____
Strength Training	_____	Sports Conditioning	_____
Training For Running	_____	Injury Rehabilitation	_____
Body Building	_____	Other	_____ What? _____