

*Note: Fitness goals and phone numbers information are ONLY NEEDED if, you choose a personal fitness program with us, now or in the near future.

Name: _____ Date: ___/___/___

Sex: M F Home Phone# (____)_____ (Optional)

Cell (____)_____ (Optional)

In consideration of my participation in a Nutrition, Fitness & Weight Training, Post-Rehab, Home Weight Equipment, Training Elderly, Weight Gain Programs, Weight Loss Program 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 (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, Exercise and Weight Training Program.

___/___/___
Date

Signature

What are your personal fitness goals?

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

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