

CORE CLIENT INFO & WAIVER FORM

CLIENT INFORMATION (please print)		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Name:	Address:		
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:		
Email:	Birthday / /		
Occupation:	Trainer/Instructor for this session:		

How did you hear about CORE?

- CORE Website
- CORE Newsletter
- Groupon
- Peak Performance Massage
- Endurance House
- Tracie Hittman Nutrition
- Sport Coach _____
- Flyer
- IPT Physical Therapy
- Friend: _____
- Other: _____

Check all that apply to you below

- I would like to try a free trial personal training session
- I would like to try a free trial class
- I am starting personal training or classes
- I am an employee of a Discovery Springs tenant

What is your goal for starting an exercise program?

- Weight-loss
- Rehab
- Build Muscle
- Athletic Performance _____
- Tone up
- Be Healthier
- Endurance
- Other _____

What are you looking for in a personal trainer / instructor? _____

HEALTH HISTORY

YES	NO	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said you have heart trouble?
<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pains in your heart and chest?
<input type="checkbox"/>	<input type="checkbox"/>	Do you often feel faint or have spells of severe dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said your blood pressure was too high?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone/joint problem such as arthritis that worsens with exercise?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any reason why you should not follow a fitness program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you over age 65 and not accustomed to vigorous exercise?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Are you on any type of medication? _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness or medical condition? _____
<input type="checkbox"/>	<input type="checkbox"/>	Recent illness, hospitalization, or surgical procedure? _____

Waiver and Release of Liability

Upon payment of the initial fee, you will become a user of the CORE Athletic, LLC Fitness Center ("Center"). You will be entitled to an appropriate pro-rated refund of fees actually paid to this facility. To obtain a refund, present the original white receipt of your payment and a certification by a licensed physician stating that you are restricted from using the services of this facility by reason of permanent and total disability. Upon certification (as set forth above) of a temporary physical disability, the balance of your usage will be extended during the term of such disability. You agree to obey all rules and regulations now in force or in the future prescribed by the Center for the use of the Center's facilities. CORE Athletic, LLC reserves the right to revoke a user's use of the facilities if the user fails to obey any such rules and regulations. The Center cannot provide safekeeping of your personal property. If you bring items of value to the Center, you do so at your own risk. By providing your name and telephone number, you hereby expressly permit and authorize CORE ATHLETIC LLC. representatives to contact you via telephone or the internet to discuss your interest in our programs. We reserve the right to use photos for promotional events and future use. CORE ATHLETIC LLC. will not sell your personal information to other parties. You certify, to the best of your knowledge, that you are in good physical health and have no dietary or physical restrictions which would prevent you from participating in the prescribed programs at the Center. You agree that you are not to exercise or use any equipment before you have been instructed properly by a staff member. You, as a CORE client, must follow the CORE prescribed exercise program. In the event you do not follow the CORE prescribed exercise program and you sustain an injury as result of not following the CORE prescribed exercise plan, CORE ATHLETIC, LLC or Breslive, LLC, shall not be responsible for any damages sustain by you. You acknowledge that you have read the above, understand the contents and received a copy.

Signature:	Print Name:	Date: / /
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