



Physical Edge Fitness

Waiver

Client Name: _____ Gender:___ (m/f) D.O.B: __/__/__

Phone:_____ Email:_____

Mailing Address:_____

Emergency Contact:_____ Phone:_____

Release of Liability

I have been informed, understand and am aware that strength, flexibility, and aerobic exercise including the use of equipment, are potentially hazardous activities. I have also been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding, and appreciation of the danger involved.

I (please print name) _____, hereby agree to expressly assume and accept any and all risks of injury or death that I may suffer, and release Physical Edge Fitness (PEF), it's agents, officers, and employees from any liability with respect to these risks while participating in personal fitness training.

Par-Q

*Please read and check mark the appropriate answer please

- () Yes () No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- () Yes () No 2. Do you feel pain in your chest when you do physical activity?
- () Yes () No 3. In the past month, have you had chest pain when you were not doing physical activity?
- () Yes () No 4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
- () Yes () No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- () Yes () No 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- () Yes () No 7. Do you know of any other reason why you should not do physical activity?

Financial Policy for Programs

Payment for all services are due when rendered.

We would appreciate at least 24 hours notice if you are unable to attend a scheduled session. However, if we do not have this notice, you will be responsible for the session fee.

I (please print name) _____, have read the above and understand that I am personally responsible for all services rendered.

Signature _____ Date __/__/__



Physical Edge Fitness

Qualifier

Client Name: _____ Gender: __ (m/f) D.O.B: __/__/__

Phone: _____ Email: _____

Mailing Address: _____

1. What is your biggest obstacle?

•

2. What needs improving?

•

3. List any upsetting habits?

•

4. What do you specifically want?

•

6. Do you set goals for yourself?

•

7. What does your typical day look like?

•

8. List any additional needs you may have please?

•

Questionnaire:

1. What lead you to Physical Edge Fitness? _____

2. What is your first impression? _____

3. What is your occupation? _____

4. Is there someone else you would like to refer?

Name: _____

Phone: _____

Email: _____

***We provide a 10% discount for each new referral**