



731 S. HWY 101, SUITE 1D
SOLANA BEACH, CA 92075
858-794-0040

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work: _____ Cell Phone: _____

Email: _____ Occupation: _____

Call in Case of Emergency: _____

Relationship to You: _____ Phone Number: _____

Sex: M/F _____ Age: _____ Weight: _____ Height: _____

Have You Ever Participated in Strength Training? YES/NO

Please Describe: _____

Are you Currently Involved in Exercise, Sports or Recreational Activities?

Please Describe: _____

Have You Ever Experienced Any of The Following?

High Blood Pressure _____ Heart Condition _____ Hernia _____

Arthritis _____ Fainting _____ Osteoporosis _____

Diabetes _____ Varicose Veins _____ Fibromyalgia _____

Cancer _____ Headaches _____ Tendonitis _____

Carpal Tunnel Syndrome _____ Stroke _____ Dizziness _____

Rotator Cuff Injury _____ Low Back Pain _____ Other Back Pain _____

Spinal Injury (Neck or Back) _____ Asthma _____ High Cholesterol _____

Bursitis _____

Please Describe if You Answered Yes to Any of The Above Listed: _____

Are You Currently a Smoker? YES/NO (If Yes, How Many Cigarettes Daily?)

Any Other Joint Injury/ Surgery (Shoulder, Hip, Wrist, Knee, Ankle, Back?)

Have You Been Hospitalized in The Past Year? YES/NO

If Yes, Please Describe: _____

Are You Pregnant? YES/NO

Are You Taking Any Medications? YES/NO If Yes, Please List: _____

Has Your Doctor Given You Any Limitations or Exclusions of Any Type of Activity? YES/NO If Yes, Please Describe: _____

Are You Currently Under a Physicians Care For Any Reason? YES/NO

If Yes, Please Describe: _____

Is There Any Additional Information BodyQuest Should Be Aware of in Order to Keep Your Program as Safe as Possible? _____

How Did You Find Out About BodyQuest? Ranch & Coast Profile, Ranch & Coast Advertisement, Image Magazine or Postcards?

RELEASE OF LIABILITY:

Participating in an Exercise and/or Nutrition Program Involves Risk of Injury or Death to You, Whether You or Someone Else Causes it. In Consideration of Being Allowed to Participate in The Slow-Intensity™ Workout and Any Other Program Prescribed at BodyQuest Fitness and Use of The BodyQuest Fitness Facilities, Equipment and Machinery, I Do Hereby Waive, Release and Forever Discharge BodyQuest Fitness, and its Directors, Officers Agents, Employees, Representatives, Executors, Independent Contractors, Trainers and All Others (“Releasees”) From Any and All Responsibilities or Liability From Injuries or Damage Resulting From My Participation in Any Activity or My Use of Equipment in The Above Mentioned Activities. I Do Also Hereby Waive, Release and Forever Discharge Releasees From Any And All Liability or Responsibility For Any Injury or Damage to Myself For Any Reason. I Hereby Agree to Expressly Assume and Accept Any and All Risks of Injury and Acknowledge I am Voluntarily Participating in The Above Mentioned Activities and Represent That I am Physically Sound and Suffering From No Known Condition That Would Prevent My Participation. As With Any New Exercise Program, You Should Consult With Your Physician.

Sign: _____ **Date:** _____



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GOALS

WHAT AREA(S) OF YOUR BODY ARE MOST IMPORTANT TO WORK ON?

GOAL #1: _____

NOTES: _____

GOAL #2: _____

NOTES: _____

GOAL #3: _____

NOTES: _____

GOAL #4: _____

NOTES: _____
