



SUBSCRIPTION FORM

Date ____/____/____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Occupation: _____ Email Address: _____

How did you hear about Joe's Mobile Gym? : _____

How much do you exercise? :

Not at all A little Regularly A lot

Explain: _____

PERSONAL GOALS

- | | | |
|--|---|---|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Increase Muscle Size | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Improve Muscle Tone | <input type="checkbox"/> Improve Cardio Condition |

What areas of your body do you especially want to work on? : _____

MEDICAL HISTORY

Neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Upper Back	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lower Back	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shoulders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elbow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wrists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hips	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Knees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ankles	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Heart:

Have you ever been diagnosed with heart problems? Yes No

Do you suffer from chest pain? Yes No

Do you ever feel faint or have spells of dizziness? Yes No

Have you ever been prescribed medication for heart problems? Yes No

If yes, explain: _____



Hypertension:

Have you ever been diagnosed with high blood pressure? Yes No

Have you ever been prescribed medication to control high blood pressure? Yes No

If yes, explain:

Medication currently being used:

Weight: _____

Height: _____

Caliper Test:

Chest: _____

Suprailiac: _____

Tricep: _____

Abdominal: _____

Subscapular: _____

Thigh: _____

Midaxillary: _____

Body Fat %: _____

Circumference:

Neck: _____

Shoulder: _____

Chest: _____

Waist: _____

Hips: _____

	Left	Right
Thigh:		
Calf:		
Bicep:		

EMERGENCY NOTIFICATION

Please indicate a person to be notified in case of an emergency:

Name: _____ Relationship _____

Home Phone: _____ Work Phone: _____

Physician:

Name: _____ Phone Number: _____



CONSENT TO TRAIN AND RELEASE OF LIABILITY

I, _____ hereby give my consent to Joe's Mobile Gym to provide training services to me. In consideration of their agreement to provide training services to me, I hereby freely and voluntarily enter into this Release of Liability, as follows:

1. I fully understand that any and all exercise programs are undertaken at my own risk and I hereby acknowledge that in physical training, as with all sporting activities, there is an inherent risk that I may sustain an injury.
2. I hereby state that I am currently in good physical health and that I have no known health problems and/or risks, other than those stated herein: _____ (if none, State none); My last visit to the doctor was on: _____
3. I hereby agree that I will report immediately to Joe's Mobile Gym any and all physical problems, pain, known injuries, complaints or any unusual conditions in order that they may adjust my physical training in an appropriate manner or, if need be, to either temporarily or permanently suspend my training activities; please make entries on medical history form.
4. I acknowledge that Joe's Mobile Gym is agreeing to provide physical training to me only upon and in consideration of my express agreement to release them from any and all liability that might arise due to injuries that I might sustain in the course of my physical training.
5. Accordingly, I hereby release from any and all liability and hold harmless Joe's Mobile Gym for any and all injuries of physical damage that might arise from my physical training sessions with them, and do release them and their assigns from any and all claims, demands, actions and causes of action, and for all liability whatsoever, related to or in any manner arising from their providing physical training to the undersigned.
6. I hereby acknowledge that my signing of this instrument is done freely and voluntarily and that I have been given the opportunity to consult with legal counsel regarding the effect of my signing of this instrument and I fully understand that I have fully agreed to waive any and all claims, demands, actions and causes of action of any kind whatsoever and all liability.
7. I hereby acknowledge that this Release is intended to and does cover any and all injuries, whether known to the undersigned at the time of this agreement or not, which may result hereafter or which may hereinafter be discovered and which may be caused to be claimed to be caused by my physical training activities with Joe's Mobile Gym.
8. It is understood by the undersigned that Consent to Train and Release of Liability contains the entire agreement between the parties and its terms are contractual and not mere recitals. The provisions of the Release shall be binding upon the undersigned and his/her successors, indemnitors, assignors, heirs, executors and administrators.



STATEMENT OF POLICY

1. Workout sessions are fifty-five (55) minutes long.
2. Joe's Mobile Gym wants your experience of physical training to be as fun, pleasurable and productive as possible. To achieve that end, time has been set aside for your training sessions and that time will not be interrupted. It is your time and you will have undivided attention during your sessions. To be able to set aside this time, Joe's Mobile Gym has to balance a full schedule and calendar and they have kept your session times exclusive to you. In consideration of this, they have requested that there be no alterations in schedule of times without giving them sufficient prior notice in order to adjust their schedules. In no event will cancellations be honored with less than 24 hours notice. If substitute arrangements can be made, these will be done whenever possible. But if no substitution can be made or there is less than 24 hours notice, then there can be no credit given for those sessions which are missed.

Thank you for your cooperation.

Signature of CLIENT:

Print Name:

Date:

Parent's Signature (if a minor):

Date:

WITNESS:

