

Please complete and return to FRESH! via fax, email or in person at least 24 HOURS prior to your first session.

All information received on this form is strictly confidential and will not be shared with any other parties without your consent. Please fill out the forms **completely and accurately.**

| | | | | |
|---|-----------|------|-------------------|----------|
| Name | | | Occupation | |
| Date of birth | D / M / Y | Age: | Gender | |
| Current Height | | | Current Weight | |
| Mailing address | | | City & Province | |
| Postal code | | | Home phone | |
| Email | | | Mobile phone | |
| Fax | | | Work phone | |
| Emergency Contact | | | Relationship | |
| Contact Phone | | | Physician name | |
| Physician Phone | | | Physician Address | Street |
| Physician Postal Code | | | City | Province |
| Did someone refer you to FRESH!? <i>If so, please tell us their name and relationship to you?</i> | | | Name | |
| | | | Relationship | |

Please provide 24 hours notice if you need to cancel or reschedule your Coaching appointment.

For studio locations, maps, and directions, please visit www.freshfitness.ca/contact/directions/.

Health & Medical Questions:

Please check the appropriate circle and provide any necessary comments in the space provided.

| | Yes | No | Comments (please provide SPECIFIC details where needed) |
|--|-----------------------|-----------------------|--|
| Heart condition or chest pain | <input type="radio"/> | <input type="radio"/> | Details: |
| Do you smoke? (How much) | <input type="radio"/> | <input type="radio"/> | |
| High blood pressure? | <input type="radio"/> | <input type="radio"/> | Systolic: Diastolic: |
| Low blood pressure? | <input type="radio"/> | <input type="radio"/> | Systolic: Diastolic: |
| Asthma (Type?) | <input type="radio"/> | <input type="radio"/> | |
| Arthritis (Type?) | <input type="radio"/> | <input type="radio"/> | |
| Hernia (When?) | <input type="radio"/> | <input type="radio"/> | |
| Back problems? | <input type="radio"/> | <input type="radio"/> | |
| Pregnant or breast feeding? | <input type="radio"/> | <input type="radio"/> | |
| Joint problems? | <input type="radio"/> | <input type="radio"/> | |
| Medications? (Type and dose) | <input type="radio"/> | <input type="radio"/> | |
| Recent surgeries? | <input type="radio"/> | <input type="radio"/> | |
| Regularly exercise 3x/week? | <input type="radio"/> | <input type="radio"/> | |
| Physical exam in last 12 months? | <input type="radio"/> | <input type="radio"/> | |
| Please list any injuries you have had (present and past) the date they happened, and if you are aware of any current problems caused by the injury . <i>If more room is needed, use the back of the sheet or a separate sheet.</i> | | | |
| | | | |
| I confirm that any injuries or conditions have been acknowledged and cleared for regular, unrestricted physical activity by my physician or applicable medical professional. <input type="radio"/> YES <input type="radio"/> NO | | | |

Participation Release & Waiver of Liability:

I wish to participate in the exercise, fitness, nutrition, lifestyle and overall wellness training and coaching offered by Lifestyle Synergy Inc. o/a FRESH! Fitness (hereafter referred to as FRESH!). I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program.

I have read and understand this section: _____(initial)

I agree that FRESH! , Lifestyle Synergy Inc. and the property managers/owners of our facilities (specifically, but not limited to: Bell Canada Corp., Dundee Canada LLP, Dundee Realty Management Corp.) shall not be held liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at our training studios, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge FRESH!, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this section: _____(initial)

I certify that the answers to the questions asked of me by FRESH! employees or completed in FRESH! forms are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered “Yes” to any of the questions on the Health and Medical section of the form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this section: _____(initial)

I have been informed, understand, and am aware that physical fitness training including, but not limited to strength, flexibility, and cardiovascular exercise, and the use of training equipment, is potentially hazardous and can involve the risk of serious injury. I am voluntarily participating in these activities, using the equipment and machinery, with full knowledge, understanding and appreciation of the dangers involved. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I have read and understand this section: _____(initial)

I understand the results of any health and wellness programs cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. In addition, the services provided by FRESH! are based upon scientific principles and knowledge that are constantly being changed and updated. Therefore, changes in training practices and educational teachings will vary over time as new scientific information becomes available.

I have read and understand this section: _____(initial)

I understand that during a coaching session, my trainer may have to physically touch me to correct alignment and/or to focus my concentration on a particular muscle area or movement. If I feel uncomfortable or experience any type of discomfort with this “Touch Training”, I will immediately request that my trainer discontinue using this technique.

I have read and understand this section: _____(initial)

I have read the Participation Release, Waiver of Liability, and Administrative policies listed above. I understand and accept each point. I sign it voluntarily and with full knowledge of its significance.

| | | | |
|---------------------|--|-------------------|--|
| Client Name: | | Signature: | |
| Date: | | | |

Please answer the following questions to the best of your ability to help us determine an appropriate approach for your needs and goals. We believe every client is an individual, and realize that each person requires a specific approach to achieve their best results in health and fitness.

- | | | | | | | | | | | |
|---|----------|------------|----------|----------|----------|----------|----------|-----------|----------|-----------|
| 1. Do you ever feel weak, fatigued or sluggish? | | YES | | | | | | NO | | |
| 2. How many meals (including snacks) do you eat in a day? | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| 3. Do you know how many calories you eat in a day? | | YES | | | | | | NO | | |
| 4. Do you eat breakfast every day? (<i>within 60 minutes of waking up</i>) | | YES | | | | | | NO | | |
| 5. Are you taking supplements? (<i>vitamins, protein shakes, omega oils etc.</i>) | | YES | | | | | | NO | | |
| 6. Do you crave sugary foods? | | YES | | | | | | NO | | |
| 7. Do you need several cups of coffee to keep you going throughout the day? | | YES | | | | | | NO | | |
| 8. Do you experience digestive difficulties or stomach issues after eating? | | YES | | | | | | NO | | |
| 9. Will a properly structured nutrition and exercise program will benefit you? | | YES | | | | | | NO | | |
| 10. Have you tried any exercise or nutrition programs before? | | YES | | | | | | NO | | |
| 11. Did you reach and maintain your goals? | | YES | | | | | | NO | | |
| 12. Are you happy with the way you look? | | YES | | | | | | NO | | |
| 13. Are you happy with your health? | | YES | | | | | | NO | | |
| 14. How serious are you about achieving your goals? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

On a scale of 1 to 10, 1 = Not Committed 10 = Extremely Committed

Please list your desired fitness and body composition goals:

Body Fat: _____% Why? _____

Weight: _____lbs Why? _____

Waist Size: _____in/cm Why? _____

Dress/Pant Size: _____ in/cm Why? _____

I plan to exercise _____ times per week for _____ minutes each session.

I am interested in:

Group Programs _____

Individual Programs _____

Educational Seminars _____

Nutrition Advice _____

Metabolism Testing _____

Online Training _____

I would like to:

Increase Muscle Tone _____

Lose Body Fat Mass _____

Increase Overall Fitness _____

Increase Strength _____

Improve Overall Health _____

Please add any other comments that you feel will help us develop the best program for your needs.

| | |
|---------------------|--------------|
| Client Name: | Date: |
|---------------------|--------------|