

ORIGINAL WORKOUT

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Name: _____ Age: _____

DOB: ___/___/_____

Contact phone: () _____ - _____ (I regularly use text messaging Y__ N__)

email Address: _____

Do you use/check email regularly? Y__ N__

Physical Address:

City _____ Zip: _____

Employer : _____

Work Phone: _____

Medications: _____

Last time engaged in regular weight training? _____

Last time engaged in regular cardiovascular exercise? _____

Personal fitness goal: _____

Main Goal:

Additional Goals:

Please list any injuries or limitations. _____

On a scale of 1 to 10 list your current perceived level of fitness

(1 being sedentary and absolute beginner, 10 being advanced/ near best shape of life)

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

**INFORMED CONSENT FOR FITNESS TESTING/PERSONAL TRAINING
AND WAIVER OF LIABILITY**

I, the undersigned, do hereby certify that to the best of my knowledge, I am physically able to begin a program of moderate or strenuous exercise and conditioning. I do not have any medical problems or ailments that would put me at risk if I were to become involved in an exercise program. If I am over the age of 42 and unaccustomed to vigorous exercise, I understand that a medical exam, including an EKG test is advised prior to beginning my exercise program. I acknowledge that I have both had a physical examination and consultation with a physician and been given permission to participate in such activity without the approval of my physician and do hereby assume all responsibility for my participation. I will not hold Original Workout, Rob Goodwin, Nancy Goodwin, any partnership, corporation or DBA thereof, or any employees or individuals contracted by, Original Workout, liable for any injury or injuries. I am entering into an exercise program at my own risk with a complete understanding that the strength training, flexibility development, and aerobic/cardiovascular exercise I am about to become involved in is potentially dangerous. I hereby agree to expressly assume and accept any and all risks including -but not limited to -heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, injury, or death, however caused occurring during or after my participation in the exercise program. I, the undersigned, also understand that any nutrition and nutritional supplementation advice is for information purposes only and is not intended for my individual prescription. And, if I decide to follow any such information I do so at my own risk.

Signature _____ Date: _____