



1272 Harvest Ridge Dr.
 St. Charles, MO 63303
 (636) 299-2162
 babyboomerstrainer.com

Client Intake Form
 [CONFIDENTIAL]

Please return your completed form to us at least 24 HOURS before your initial consultation. You can drop it off at the studio or email it as an attachment to dan@babyboomerstrainer.com. In the subject line, write: **New Client Intake Form**.

YOUR CONTACT INFORMATION				
Name (first, middle, last)			Date of birth (month/day/year)	
Address		City	State	ZIP
Home phone number ()	Cell phone number ()	Work phone number ()	Email address	
Contact preference <input type="checkbox"/> Email Only <input type="checkbox"/> Mobile Text Only <input type="checkbox"/> Email & Mobile Text		Were you referred to Baby Boomers Trainer by an existing client? <input type="checkbox"/> No <input type="checkbox"/> Yes, please tell us who:		
EMERGENCY CONTACT				
Name (first, middle, last)		Relationship	Phone number ()	

**OUR GOAL IS TO HELP YOU ACHIEVE YOUR FULL FITNESS POTENTIAL
 WITH A PERSONALIZED PROGRAM THAT INCORPORATES
 EXERCISE, BALANCED NUTRITION, AND PROPER SELF-CARE.**

To make the most of your free initial consultation and fitness assessment, and to help us create your personalized program, please tell us more about your goals, your current fitness level, and your lifestyle as it relates to your fitness.

CURRENT FITNESS, NUTRITION, AND GOALS	
What is your MOTIVATION for coming to Baby Boomers Trainer? What do you want to accomplish? (Ex: fat loss, muscle gain, train for an event)	Do you have a DEADLINE or a specific time frame in which you'd like to accomplish your goal? (Ex: 20lbs in 12 weeks, run/walk first 5K)
What is your exercise history ? (Ex: weights, aerobics, yoga, sports) Current activities: Past activities:	How much time will you be able to commit to your fitness ? days per week minutes per day
What are best days and times for you to exercise ? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Early morning (before 9am) <input type="checkbox"/> Morning (9am-Noon) <input type="checkbox"/> Early Afternoon (Noon-3pm) <input type="checkbox"/> Late Afternoon (3-6pm) <input type="checkbox"/> Evening (after 6pm) Other time constraints:	
What does a typical day of food look like for you? Breakfast: <input type="checkbox"/> Don't Eat Breakfast Time: Types of foods and quantity: Lunch: <input type="checkbox"/> Don't Eat Lunch Time: Types of foods and quantity: Dinner: <input type="checkbox"/> Don't Eat Dinner Time: Types of foods and quantity: Snacks: <input type="checkbox"/> Don't Eat Snacks Time(s): Types of foods and quantity: Food allergies or other diet restrictions:	

PHYSICAL ASSESSMENT

Regular physical activity should be fun, safe, and healthy. Prior to starting a new exercise program, we recommend that you consult with your physician for any potential concerns. **Please read the following questions carefully and answer each one by checking YES or NO.**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Has your physician ever said you have a heart condition and/or have they limited your physical activity due to this condition?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	In the past month, have you experienced any chest pain when you were NOT doing physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you lose your balance due to dizziness or ever lose consciousness?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently taking any prescription drugs for a heart condition or high blood pressure (e.g. water pills)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you over 69 years of age?

**If you answered YES
to one or more of the above questions:**

Talk with your physician before you start training at BBT.

- Your physician may limit your activities to ones they deem safe. Please bring written instructions from your physician outlining your exercise guidelines.
- You may be able to do any activity you want as long as you start slowly and build up gradually. Remember that NO exercise should ever cause pain. Stay within your fitness abilities, ask the trainer for modifications, and consult with your physician if in question.
- If you are unsure about an exercise or how to use a piece of equipment, ask the trainer before you start.

**If you answered NO
to all of the above questions:**

You may begin training at BBT.

- Schedule a free initial consultation and fitness assessment with a trainer. This is an excellent way to determine your basic fitness level. A trainer will then develop a personalized training program that details your specific exercises and weights.
- Remember to start slowly and build up gradually. Stay within your fitness abilities to ensure your safety. If you experience any pain, ask the trainer for modifications.
- If you are unsure about an exercise or how to use a piece of equipment, ask the trainer before you start.

I HEREBY WAIVE my rights to the Physician Release and assume full responsibility for any risks associated with my fitness program and activities at Baby Boomers Trainer reserves the right to mandate a Physician Release from me at any time. _____ [initial here]

HEALTH CONDITIONS AND INJURIES

Please list any current, past, or recurring physical conditions, including injuries, illnesses, medications, surgeries, or general health issues, that may prevent your ability to perform a fitness program or that should be taken into consideration by our trainers or instructors.

Heart Condition or High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Hyperglycemia or Hypoglycemia	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Asthma or Other Respiratory Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Spinal Injury (neck or back)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Shoulders	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Elbows	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Wrists, Hands, or Fingers	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Hips	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Knees	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Ankles, Feet, or Toes	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Other Health Issues (Ex: pregnancy, arthritis, cancer, tendonitis, autoimmune disease)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:

Notes:

SIGNATURE

I HEREBY ACKNOWLEDGE AND VERIFY that the above information is accurate and have notified my trainer/instructor of all health issues prior to beginning any fitness program, class, or activity at Baby Boomers Trainer. In the event that these physical or health conditions should change, it is my responsibility to inform Baby Boomers Trainer and my trainer in writing.

Signature _____ Print Name _____ Date _____

If you are under 18 years of age: Parent/Guardian Signature _____ Date _____



Danny Horne DBA Baby Boomers Trainer

**CONSENT TO PARTICIPATE IN AN EXERCISE PROGRAM
ACKNOWLEDGEMENT OF INFORMED CONSENT
AUTHORIZATION TO RELEASE INFORMATION
PAYMENT TERMS**

CONSENT TO PARTICIPATE IN AN EXERCISE PROGRAM: I voluntarily authorize and give consent to Baby Boomers Trainer to provide its services to me. This includes, but is not limited to, assessments, exercise, and other fitness activity.

I acknowledge that no guarantees have been, or can be, made to me as to the result of the services provided at Baby Boomers Trainer.

ACKNOWLEDGEMENT OF INFORMED CONSENT: I understand that I will be informed of the potential risks and benefits of all services provided by Baby Boomers Trainer. I understand that I have the right to consent, or to refuse consent, to any procedure, exercise, movement or service offered or suggested by Baby Boomers Trainer.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the release of any information contained in my Baby Boomers Trainer record for the following purposes:

- a. provide information to my health professional,
- b. provide information to my personal physician.

PAYMENT TERMS: I understand that payment for services provided by Baby Boomers Trainer will be made at the time services are rendered or in advance of services rendered by agreement, unless, other financial arrangements are agreed in advance.

_____ (initial) **CANCELLATION POLICY:** I understand that Baby Boomers Trainer requires a minimum of 4 hours notice for any canceled appointment. This is necessary to meet the needs of all our clients and to provide the best possible service. I understand that a \$25.00 fee will be charged for the first cancellation that occurs with less than 4 hours notice or for the first "no-show" or missed appointment. I also understand any future occurrences will be billed to me at the full cost of the appointment.

_____ (initial) **PREPAYMENT FOR 12 OR 24 SESSION PACKAGE:** I understand upon completion of the 4th visit that there will be no refund for the remaining balance. However, Baby Boomers Trainer will honor any remaining visits for up to 6 months from the date of payment.

In addition, any prepayment made for sessions will be honored up to 6 months from the date of payment.

Any unused portion will not be refunded or honored.

Signature _____ Print Name _____ Date _____

If you are under 18 years of age: Parent/Guardian Signature _____ Date _____



Danny Horne DBA Baby Boomers Trainer

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in, but is not limited to, assessments, exercise, and other fitness activity (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Danny Horne DBA Baby Boomers Trainer, located at 1272 Harvest Ridge Dr, Saint Charles, Missouri 63303, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity,

including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Danny Horne DBA Baby Boomers Trainer against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Danny Horne DBA Baby Boomers Trainer incurs any of these types of expenses, I agree to reimburse Danny Horne DBA Baby Boomers Trainer.

I acknowledge that Danny Horne DBA Baby Boomers Trainer and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Danny Horne DBA Baby Boomers Trainer.

I acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST DANNY HORNE DBA BABY BOOMERS TRAINER FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Danny Horne DBA Baby Boomers Trainer, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Danny Horne DBA Baby Boomers Trainer agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

<u>Emergency Contact</u>	<u>Contact Relationship</u>	<u>Contact Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Signature _____ Print Name _____ Date _____

If you are under 18 years of age: Parent/Guardian Signature _____ Date _____

* A photocopy of this form shall be considered as valid as the original