



CLIENT INTAKE FORM

The information on this form will be held confidential. Your responses are important to helping us understand your fitness goals.

Name: _____ Date of birth: ____ / ____ / ____ Gender: _____
mo day year

Address: _____ City, Zip: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Work Ph: (____) _____

E-Mail: _____ What is the best way to contact you? _____

If under 18, parent/guardian (name & phone): _____

Emergency contact (name & phone): _____

Your goals

Which any you are interested in (circle): MAT Personal Training

Have you worked with us previously? If yes, who/when: _____

How did you find out about us? _____

What would you like to accomplish through MAT / Personal Training? _____

Health and Lifestyle

Please describe your current activity level (please be honest so that we can best tailor your program):

Sedentary (desk job or inactive lifestyle, no exercise)

Mild exercise (e.g., active lifestyle, climb stairs, walk 3 blocks, light golf)

Occasional vigorous exercise (e.g., work or recreation, less than 4x per week for 30 minutes)

Regular vigorous exercise (e.g., work or recreation 4x/week for 30 minutes or more)

What is your current occupation? _____

Average daily stress level (circle one): (LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

Please list your current exercise activities: _____

Describe other fitness experience: _____

Are you on a special diet or eating program? If yes, please describe: _____

Known allergies (food / other): _____

Please tell us about any muscle/joint pain or injury, or muscle/skeletal condition

How would you rate your level of pain? (LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

What activities/positions aggravate your condition? _____

Body Part	Pain/Injury/Surgery (please indicate when)
Head/Jaw (e.g. TMJ, concussion, braces)	
Neck (Cervical) (e.g., whiplash)	
Shoulder / Upper arm (e.g., Rotator cuff)	
Elbow / Forearm (e.g., tennis / golfer's elbow)	
Wrist / Hand (e.g., carpal tunnel)	
Upper back	
Lower back	
Abdominal / Ribs (e.g., Hernia)	
Pelvis / Hips / Thighs	
Knee (e.g., ACL, knee replacement)	
Ankle / Foot (e.g., plantar fasciitis, sprains)	

Have you seen, or are you currently seeing any other practitioner for your current physical pain or fitness goals?

<i>Name/Type of Practitioner</i>	<i>Treatment Provided</i>
_____	_____
_____	_____
_____	_____
_____	_____

List all medications and supplements you are currently taking and what they are for:

<i>Medications:</i>	<i>Supplements:</i>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

HEALTH CONDITIONS. Check if you have now or have previously experienced any of the following:

Stroke	Hypertension	Hemophilia / anticoagulant medication
Diabetes Type I	Crohn's Disease	Pain/pressure in the upper body or extremities
Diabetes Type II	Eating disorder	Asthma, breathing/lung problems, breathlessness
Neuropathy	Numbness in the extremities	Faintness, dizziness, or loss of balance
Arthritis	Chronic fatigue syndrome	Cigarette smoking, high alcohol use, or recreational drug use
Swollen joints	Orthopedic condition	Recent injury, surgery, concussion, hospitalization
Fibromyalgia	Serious varicose veins	Difficulty with exercise or advice to limit exercise
Lupus	Cancer or other serious disease	65 or older and not used to being very active
Hernia	Heart condition, high cholesterol	Currently pregnant. Due date _____

Any other condition that may put yourself or others at risk by you engaging in activity at True Motion Fitness.

Elaborate if needed: _____

TERMS & CONDITIONS (CONTINUES ON NEXT PAGE)

INFORMED CONSENT

- Ń **Health & Safety:** I understand that I should consult my medical practitioner prior to participating in any activities with True Motion Fitness or using its facilities, especially if I had, have, or develop any of the above HEALTH CONDITIONS.
- Ń I understand that **True Motion Fitness will not be responsible** for ensuring that my activities are appropriate for me and any health condition that I have or develop, nor for ensuring that I follow the recommendations of my medical practitioner.
- Ń I understand that **Muscle Activation Techniques™ (MAT)** is a technique that uses a systematic approach to identify and treat muscular imbalances that relate to injury and pain. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability. Therefore, muscles will tighten up as a protective measure when instability is recognized. MAT addresses the component of muscle weakness as a cause for limitations in joint range of motion. When a muscle is inhibited and/or has lost proprioceptive input, it does not contract efficiently, and the joint that it supports becomes unstable. MAT is designed to identify and correct the positions of instability. When MAT is performed, the natural protective mechanisms are diminished with the goal of creating normal joint motion. The goal is to not only normalize joint motion, but to also increase stability through that range of motion (Mobility and Stability)
- I understand that **MAT is a hands-on** biomechanical technique that requires manual palpation of the origin and insertion of muscles; **this may involve discomfort at these sites.** In addition, isometric exercises might be introduced.
- I understand that **MAT and personal training are not physical therapy, chiropractic treatment, or medical treatment, and that MAT, personal training, or other Activities at True Motion Fitness cannot be used to diagnose, treat, or cure any medical condition.** I should consult your physician before beginning any workout or treatment program.
- I **consent to voluntarily** engage in MAT and personal training, and understand that at True Motion Fitness these activities are often integrated. I understand that I am free to stop any session at any time.
- Ń **If the person named on this form is under 18 years of age (a Minor), the parent/legal guardian** is responsible for knowing if/when the Minor has scheduled any MAT and/or Personal Training session. The parent/legal guardian may observe/supervise sessions if he/she desires. If the Minor attends any session without the parent/guardian, True Motion Fitness staff will assume that the parent/legal guardian gives permission for the session to occur without parent/legal guardian presence, unless otherwise expressly informed by the parent/legal guardian.
- Ń **Payment/Cancellation Policy:** Applicable payment is due at the time of any appointment, and cancellation must be made at least 24 hours prior to appointment to avoid full charge. There is a \$25 returned check fee.

TERMS & CONDITIONS (CONTINUED FROM PREVIOUS PAGE)

TERMS: I understand that being a personal training or MAT client does not entitle me to a free membership at True Motion Fitness, and that if I am not a member, I may only use the facilities while working with staff.

WAIVER, RELEASE OF LIABILITY AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in True Motion Fitness, LLC ("*True Motion Fitness*") programs, MAT sessions, personal training, and use of the gym facility for activities not limited to but including cardiovascular exercise, strength training, and climbing (the "*Activities*"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Identification of Risks: I understand that participation in the *Activities* may involve risk of injury, disability and death.

2. Assumption of Risk: I am physically and psychologically ready to participate in the *Activities* and assume all risks connected with my participation in the *Activities*. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the *Activities*. I understand that *True Motion Fitness* operates an unstaffed, member-keyed facility. If I become a member and choose to enter the facility when not in session with an MAT Specialist or Personal Trainer, I may or may not receive personal instructions and advice which I may put to use in the absence of supervision. I choose to participate in the *Activities* at my own risk and understand that there may be nobody able to assist me if I need help or become injured, and that I am responsible for my own safety in the facility and any other location where *Activities* may occur.

3. Video Surveillance: I understand and accept that there is video surveillance throughout the True Motion Fitness facility for security purposes, and that the recording and storage of images may occur for this purpose only and will not be made publicly available. I further understand and accept that this video surveillance may not be regularly monitored in real-time, and thus may not protect me or result in assistance or emergency services being summoned if needed. I understand that I am responsible for my own safety while in the facility and any other location where *Activities* may occur.

4. Status of True Motion Fitness: I understand and represent that *True Motion Fitness* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) is not my physician and that the *Activities* do not constitute the provision of medical or health care services.

5. Waiver and Release: I release and discharge *True Motion Fitness*, and each of its affiliated organizations, partners, directors, managers, officers, fitness instructors, MAT practitioners, personal trainers, sponsors, employees, agents, volunteers, successors, and assigns from any and all claims, demands, damages, or liability of any kind for, injury, loss, or damage in any way connected with my participation in the *Activities*, whether or not caused in whole or part or directly or indirectly a result of any prescriptive advice, treatments, or workouts I receive or am instructed or not instructed to do, the use of the facility and/or the use of fitness equipment, or the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely and unless and until I provide written notification to *True Motion Fitness* to the contrary. This waiver and release nullifies any prior waiver and release signed by me.

6. Consent to Medical Treatment: I agree that *True Motion Fitness* (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.

By signing below, I affirm that I fully understand and agree these TERMS & CONDITIONS (including the INFORMED CONSENT, TERMS, and WAIVER, RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT). I understand that I give up substantial rights by agreeing to the TERMS & CONDITIONS, and I affirm that I agree voluntarily.

Date

Printed Name

Signature

Parent/Legal Guardian Signature

X

X