



Guest Register / Questionnaire
(Liability Waiver – mandatory completion prior to touring facility)

Name: _____

Date: _____

Phone: _____

Email: _____

Address: _____

Waiver of Liability Claim: It is expressly agreed that all activities and use of facilities shall be undertaken by guest at guest's sole risk. The athletic club shall not be liable for any claims, demands, injuries, and damages or actions whatsoever to guest or guest's property arising out of or connected with the use of any of the services and facilities of the club or the grounds on which the club is located. The guest agrees to expressly forever release and discharge the club from all such claims, demands, injuries, damages or actions and from all acts of active or passive negligence on the part of the partnership which owns the club its partners, agents and employees.

Signature: _____

Please answer the following to help us determine your individual needs:

1. Have you ever been a member of a health club before? If yes, when?
2. How many days per week are you planning to exercise?
3. Have you ever worked with a personal trainer? If yes, when?
4. Is your spouse / partner supportive of you getting in shape?
5. How familiar are you with Functional Training?
6. What has prevented you from exercising in the past? (*circle all that apply*)
TIME MONEY PROCRASTINATION ACCOUNTABILITY
BOREDOM DISCIPLINE MOTIVATION LACK OF EXPERTISE
7. How many meals do you eat per day? ____ Sodas? ____ Snacks? ____
8. Do you smoke? _____ How much? _____ Do you drink? _____ How many per week? _____
9. When was the last time you felt happy about your personal fitness?
10. Have you quit an exercise / diet plan in the past?
11. I would like to : (*circle all that apply*)
LOSE FAT IMPROVE HEALTH LOOK BETTER LEARN MORE EXERCISES
GAIN WEIGHT IMPROVE MUSCLE TONE FEEL BETTER OTHER: _____
12. On a scale of 1 to 10, how serious are you about reaching your fitness goals? 1 2 3 4 5 6 7 8 9 10