



Client Information & Liability Release

B2 Fitness Consulting, LLC
3651 Woodland Trail
Eagan MN 55123
651.730.0065

Client Information (Please Print)

First Name: _____ Last Name: _____ Male Female Birthdate: _____

Height: Feet: _____ Inches: _____ Weight: lbs: _____

Address: Street: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

How did you hear about B2 Fit? _____

What Are Your Primary Interests? (Check all that apply)

- Weight Loss Muscle Toning/Conditioning Stretching/Flexibility Yoga Food Consulting
- Athletic Training: What Sports? _____
- Other: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary Care Physician: _____ Office Address: _____ Phone: _____

Physical Activity Questions

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Yes No
2. Do you feel pain in your chest when you perform physical activity? Yes No
3. In the past month, have you had chest pain when you were not performing any physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Yes No
7. Do you know of any other reason why you should not engage in physical activity? Yes No
8. Are you over the age of 65 and not accustomed to physical activity? Yes No
9. Has a physician recommended high-level care for any condition above that applies to you? Yes No
10. Have you had any type of weight loss (bariatric) surgery including gastric bypass or stomach stapling? Yes No

Medical Conditions (Please select all that apply)

- Heart Disease or Stroke
- High Blood Pressure
- Cancer
- Lung/Pulmonary Disease
- Kidney Disease
- Ulcer
- Gastrointestinal Disease
- Arthritis
- Depression
- Diabetes Mellitus
- Food Allergy
- Neuromuscular Disease
- Parkinson's Disease
- Immune System Disease
- Medically Diagnosed Eating Disorder
- Pregnant/Trying to Conceive
- Breastfeeding
- Pancreatitis or Family History of Pancreatitis
- Osteoporosis
- Sleep Apnea
- Liver/Gallbladder Disease

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



General & Medical Questionnaire

Occupational Questions

- 1. What is your current occupation? _____

- 2. Does your occupation require extended periods of sitting? Yes No
If yes, please explain: _____
- 3. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Yes No
If yes, please explain: _____
- 4. Does your occupation require you to wear shoes with a heel (dress shoes) Yes No
If yes, please explain: _____
- 5. Does your occupation cause you anxiety (mental stress) Yes No
If yes, please explain: _____
- 6. How many hours a day are you at work? _____

Recreational Questions

- 7. Do you partake in any recreational activities? Yes No
If yes, please explain: _____
- 8. Do you have any hobbies (reading, gardening, working on cars etc.)? Yes No
If yes, please explain: _____

Medical Questions

- 9. Have you ever had any pain or injuries (ankle, hip, back, shoulder etc.)? Yes No
If yes, please explain: _____

- 10. Have you ever had any surgeries? Yes No
If yes, please explain: _____

- 11. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? Yes No
If yes, please explain: _____

- 12. Are you currently taking any medication? Yes No
If yes, please list: _____



Subjective Information

1. What is your goal? _____
2. How many days a week are you committed to your program? _____
3. How many months are you committed to training? _____
4. What is your weekend dress attire (including shoes)? _____
5. Do you have children? Yes No
If yes, how many: _____
6. Are you currently active? Yes No
Please explain: _____
7. Typically how many meals do you eat per day? _____
8. Typically what time are these meals?
Please explain: _____
9. Do you know approximately how many calories you consume per day? Yes No
Please explain: _____
10. Do you know how many calories you should be eating to reach/support your goal? Yes No
If yes, how many and how was this determined? _____
11. Are you currently taking a multivitamin or any other dietary supplements? Yes No
If yes, what are you taking? If no, why not? _____
12. How would you describe your diet? (Regular, Lacto-ovo, Vegetarian, Vegan, Other)

13. Typically how many meals do you eat outside the home per week?

14. Would the majority of these meals be described as: fast food (take-out) or seated restaurant?
Please explain: _____
15. What is your favorite cuisine? (American, Mexican, Chinese, Japanese, Indian, other)

16. Do you smoke? Yes No
If yes, how many a day? _____
17. Do you drink caffeine? Yes No
If yes, how many drinks a day? _____
18. Do you drink alcohol? Yes No
If yes, how many drinks a day/week? _____
19. Have you ever worked with a trainer? Yes No
If yes, when and where? _____



Liability Release and Policy Agreement

This Liability Release Agreement ("Agreement") is executed by the Client on the date indicated below, and in favor of B2 Fitness Consulting LLC, DBA B2 Fit, a Minnesota corporation ("B2").

RECITALS

- A. Client agrees that there are inherent risks in exercising and training, including severe bodily injury and death;
- B. Client desires B2 to provide him/her with fitness training and other personal services, including, but not limited to personal training, yoga, cardio respiratory training/ and nutritional consulting ("Services") at B2;
and
- C. B2 requires that Client acknowledge the limits of the liability of B2 for the Services provided to Client.

NOW, THEREFORE, for good and valuable consideration, including but not limited to access to B2 and the Services, the receipt and sufficiency of which consideration is hereby acknowledged, the Client agrees as follows:

1. Recitals. The above recitals are true and correct and fully incorporated herein.
2. Warranties and Representations. Client hereby represents that he/she is capable of exercising and submitting to Services. Client further acknowledges that he/she has been advised to consult with a physician before participating in any physical exercise, and will notify Staff of any changes in Client's health status.
3. Assumed Risk. Client agrees that he/she personally assume the risk associated with the Services provided by any Studio employee, independent contractor or representative (whether one or more, shall be referred to herein as "Staff"), available at B2, and therefore hereby releases, waives and forever discharges B2 and Staff of all action of whatever kind or nature arising either in law or in equity arising from or by reason of any bodily or personal injury or injuries incurred during or as a result of the Services at or provided by B2, including permanent disability and death, unless such bodily or personal injury is a direct result of an intentional act or intentional omission of B2.
4. Release by Heirs and Assigns. Client agrees that this Agreement is given and provided on behalf of himself/herself, and on behalf of his/her heirs, representatives, executors, administrators, insurers, or assigns.
5. Indemnity. client agrees to fully indemnify and hold harmless Staff, B2, and all owners and officers from any and all claims of any kind or nature arising from use of B2 facilities and equipment or participation in any Services, and shall reimburse B2 for all costs it incurs, including attorneys' fees, as a result of any such claim.
6. Miscellaneous. (a) Survival of Warranties. All of the warranties, representations, and covenants of this Agreement shall survive the execution of this Agreement, and shall survive if Client or Staff discontinues his/her/its use of B2 facilities, equipment or services; (b) Invalidity of Provisions. If any terms, be invalid or unenforceable, the remainder of this Agreement or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and each term, covenant, condition and provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law; (c) Contract. Client agrees and understands that this Agreement is a binding contract, and that he/she is fully capable of executing this Agreement and being bound by all of its terms; and (d) Governing Law. The laws of the State of Minnesota shall govern the affect and construction of this Agreement.

By signing below Client indicates that he/she has read understands and fully agrees to the terms presented in this Agreement. Client also agrees to comply with current B2 policies regarding service and/or appointment cancellations and expiration dates.

Date:* _____

Client Signature: _____

Parent/Guardian Signature (under 18): _____

*Agreement effective as of