



### My Contact Information

Name:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DOB:	/	/
Address:	Email:					
City:	State:			Zip:		
Primary Phone Number:			Secondary Phone Number:			
Emergency Contact:			Emergency Phone:			
Physician Name:			Physician Clinic Name:			

### My Goals for Personal Fitness & Health

Use the following questions to guide you in clearly defining your personal fitness goals. The information you share is confidential and helps us support your goals for personal fitness and health. What you share also acts as a non-legal contract that you make with yourself and members of the X Gym team who will be involved in helping you achieve the goals you've set and the results you want.

Which of the following best describes your personal fitness goals?

<input type="checkbox"/> General Toning	<input type="checkbox"/> Strength	<input type="checkbox"/> Cardiovascular Conditioning	<input type="checkbox"/> Sports Specific
<input type="checkbox"/> Weight Reduction	<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> Injury Rehabilitation	<input type="checkbox"/> Other (Describe below)

Current Height:	Current Weight:	Desired Weight:
-----------------	-----------------	-----------------

In your own words, describe your personal health and fitness goals to help us better connect our high-intensity training with your needs. Whether you simply want to look good in your favorite jeans, get in shape for an upcoming event, or wish to match the fitness level of a friend or mentor, we are here to help and look forward to being part of your fitness revolution.

---



---



---



---

Use the following scale to help us understand the pace of instruction you wish to apply as a result of training with the X Gym.

- Low:** I want to exercise but I'm not sure I'll be able to apply all the instructions from the X Gym.
- Medium:** I'm not in a hurry but I do want to apply instructions from the X Gym.
- High:** I want results now; I'm ready to apply instructions from the X Gym today!

Today's Date:     /     /	My Signature: _____
---------------------------	---------------------

How did you hear about the X Gym?

<input type="checkbox"/> Friend	<input type="checkbox"/> Online Search	<input type="checkbox"/> Promotion/Commercial	<input type="checkbox"/> Event	<input type="checkbox"/> Other _____
---------------------------------	--	---	--------------------------------	--------------------------------------

If your friend is a member, please share their name below so we can thank them for referring you to the X Gym!

Member Name: \_\_\_\_\_



### My Personal Health Overview & History

#### Personal Health Information

*Do you currently, or have you ever had...*

- High blood pressure
- Stroke
- Heart trouble or atherosclerotic disease
- Exercise induced chest discomfort
- Liver problems
- Ulcer
- Cardiovascular surgery
- Heart palpitations, arrhythmias, murmurs
- Difficulty breathing or shortness of breath
- Migraines
- Cholesterol level above 220 mg/dl
- Swollen, stiff or painful joints
- Diabetes or abnormal blood sugar test results
- Rheumatic Fever
- Varicose veins or phlebitis
- Dizziness or fainting spells
- Anemia
- Metabolic disease (thyroid, renal, liver)
- Hernia
- Asthma, bronchitis or emphysema
- Abnormal resting or exercise EKG
- Gallbladder problems
- Badly swollen feet or ankles

**Recent operations:**

---

**List any medication you are currently taking:**

---

**Last physical exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Do you smoke?**  No  Yes, Packs per day? \_\_\_\_

**Did you ever smoke?**  No  Yes, Quit date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Family Health History

*Please share what you know about your family's overall wellness...*

- High blood pressure
- Stroke
- Heart or pulmonary problems
- Arthritis
- Aneurysms
- High cholesterol
- Diabetes or abnormal blood sugar test results
- Thyroid problems
- Asthma, bronchitis or emphysema

#### Personal Injury History

*Tell us about any past or present injuries...*

**Past:**  N/A

---

**Present:**  N/A

---

Do you currently experience any pain in any of the following areas:

- Back. Lower back, spine
- Neck, shoulders
- Knees, ankles
- Arthritis discomfort
- Other chronic pain:

---

#### Physical Activity History

Are you currently exercising?  Yes  No

What level best describes the amount of physical exertion required in your profession?  Light  Moderate  Heavy

Describe any sports or recreational activities in which you're involved:

---

**IMPORTANT:** You are about to begin an exercise program tailored by your trainer to your specific needs and goals. If you have any health risks or are over the age of 40, you may need a doctor's clearance.

I certify that the above statements are true and complete. Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### Things to Know Before Your Initial Session

---

#### Learn Each Exercise

The purpose of the first 2 or 3 workouts is to learn and rehearse the techniques and get used to the machines. By the 4<sup>th</sup> or 5<sup>th</sup> workout it will feel more natural.

#### “Triple Sevens” Techniques

There are seven (7) different protocols we use at the X Gym. They are designed and used exclusively by X Gym. Since everyone has different preferences and personality types our clients are cycled through a new protocol every seven weeks. This prevents clients from reaching an improvement plateau and reduces mental boredom. You will find these methods intense, while also being easy to learn.

#### Breathe

Breathe continuously to avoid the tendency to hold your breath during maximum exertion. Eventually you will learn to breath freely without forced or excessive ventilation. This will aid in your ability to perform sustained, maximum muscle contractions. Keeping your head and neck relaxed will help you achieve constant air flow.

#### Avoid Headaches

Some headaches are relieved with exercise, others may become worse. If you arrive to your workout with a headache, discuss and describe it to your fitness instructor. Depending on its origin and type it may be best to reschedule your session. You must terminate the session if it intensifies. If you arrive without a headache and one develops during the workout, cease the exercise immediately and report it to your fitness instructor.

#### Stabilize Your Head and Neck

The head and neck are under load, either directly or indirectly, in most exercises. To minimize tension and subsequent muscle pain, hold the head and neck in a neutral position. Concentrate on maintaining a relaxed neck and upper back, especially as you approach and experience muscle fatigue.

#### A Quick Fix? A Magic Pill?

Although we *have* found the *best* way to strengthen and tone in the minimum amount of time, X Gym is *not* a magic pill or quick fix. “Homework” and specific prescriptions regarding lifestyle, diet, and activity modifications are included in your membership and must be followed carefully to maximize your results. Improper lifestyle and nutrition habits combined with any exercise program will always result in failure to achieve specific goals. Those who are in it with the right actions and attitude will discover how to achieve their goals faster and more effectively than ever before.

#### X Gym Trainers

Every X Gym trainer has an extensive background in fitness and is specifically trained to instruct clients using X Gyms exclusive protocols. Our program is designed so you will have different trainers from time to time. While workouts are completed as planned, a change in personalities and coaching style helps keep improvements constant and combats plateaus in your development process.

#### Attitude

We have fun with our clients by banning certain words during the workout. The phrases, “I can’t”, “I’m done”, “No”, “It’s too hard”, etc., are not allowed. We will let you know when you are done with a particular set or exercise. It’s also appreciated if screaming is kept to a minimum for the sake of other clients who might be in the room at the same time.

I certify that I have read the above statements. Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**Assumption of Personal Risk and Waiver of Liability**

---

Please read the following carefully, print your name in the first space, and initial in the smaller spaces below:

I \_\_\_\_\_ by executing this Waiver Form acknowledge and agree as follows:

1. That by use of this Exercise Facility \_\_\_\_\_ is engaging in a strenuous weight training program and that there are inherent risks associated with such training. \_\_\_\_\_ also acknowledges that the use of exercise equipment could cause injury. \_\_\_\_\_ is voluntarily participating in these activities and assumes all risks of injury that might result from such use.
2. \_\_\_\_\_ hereby waives any claims or rights he/she might have against X Gym, its parent companies, Members, Officers, and Employees for any injury arising out of, or from the use of the facility.
3. \_\_\_\_\_ represents that he/she is in good physical condition and that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise that will be detrimental to his/her health, safety, comfort, physical condition, or that of others.
4. \_\_\_\_\_ agrees to release X Gym, its parent companies, Members, Officers, and Employees from any liability, for any personal injury, or loss, or theft of personal property.

The undersigned has carefully read this waiver and fully understands it is a general release of liability that is in effect for an indefinite period of time, not restricted to any membership period or time constraint. The undersigned also agree to assume all risk of accident or damage to his/her person, and property, and loss thereof. Neither X Gym, its parent companies, Members, Officers, Employees, Members, Agents and/or Employees shall be liable for any claim, liability, or demand of any kind for, or on account of, personal injury or damages, or loss of any kind sustained by any person, his/her heirs, or executors, whether caused by negligence, fault, failure, or breach of contract.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

X Gym Client

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

X Gym Employee