

# CLIENT INTAKE FORM

## Participant Release and Acknowledgement of Agreement

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Cherrell Edwards. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I also agree to provide Cherrell Edwards with my physician's contact information so that Cherrell Edwards may receive direct clearance and program recommendations/limitations from my physician. I further agree that Cherrell Edwards shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Cherrell Edwards from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, accepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns. **I have read and understand this term:** \_\_\_\_\_ **(initial)**

I understand that Cherrell Edwards will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Cherrell Edwards shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge Cherrell Edwards from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns. **I have read and understand this term:** \_\_\_\_\_ **(initial)**

I certify that the answers to the questions outlined on the client intake form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "Yes" to any of the questions on the form. I understand and agree that it is my responsibility to inform Cherrell Edwards of any condition or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury. **I have read and understand this term:** \_\_\_\_\_ **(initial)**

I understand that I am not obligated to perform nor participate in any activity that I do not wish to

do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform Cherrell Edwards. **I have read and understand this term: \_\_\_\_\_ (initial)**

I understand that the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. **I have read and understand this term: \_\_\_\_\_ (initial)**

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_