



Contact Information:				
First Name	Middle Initial	Last Name		
Street Address				
City	State	Zip Code	Birth Date (MM/DD/YYYY)	Gender
Home Phone	Work Phone	Mobile Phone		
E-mail				
Emergency Contact Name / Relationship			Phone	
Trainer Name			Referred by:	
Past Health History			YES	NO
Has your doctor ever informed you that you have heart trouble?			<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, do you currently have high blood pressure?			<input type="checkbox"/>	<input type="checkbox"/>
Have you undergone surgery (minor or major) within the past two years?			<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?			<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes? If so, what type:			<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.? If so, please explain:			<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication? If so, please list:			<input type="checkbox"/>	<input type="checkbox"/>
Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:			<input type="checkbox"/>	<input type="checkbox"/>

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of True Athlete Performance (TrueAP). This includes every session scheduled between TrueAP and myself.

- Client is required to PRE PAY for all scheduled training sessions.
- A 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually).
- If the client, without this prior notice, misses a scheduled appointment, TrueAP will be compensated for the full amount of the training session. _____ Initial Here
- If a TrueAP trainer, without this prior notice, misses a scheduled appointment, then a free session will be issued to the client. _____ Initial Here
- All payments will be made with cash, check (payable to TrueAP), or major credit card and a receipt can be issued upon request.
- All pre-paid training sessions (both individual and group) are non-refundable with the exception of medical or health complications. _____ Initial Here
Also note there is a \$25.00 fee for all returned checks.
- I hereby authorize TRUE AP for the use of photos of me taken while participating in any programs for the use of promotion or marketing only. _____ Initial Here

As a client of TrueAP I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of an TrueAP program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious. In consideration of being accepted as a client of True AP, I hereby release and forever discharge TrueAP, its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an TrueAP program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

_____ Client Name (Please Print)	_____ Client Signature	_____ Date
_____ Parent/Guardian (Please Print)	_____ Parent/Guardian Signature	_____ Date

If there are any questions or concerns regarding the terms, conditions, and policies implemented by True Athlete Performance, please discuss them with one of our representatives. I fully understand and agree to the terms listed above.