



1123 Redmond-Fall City Road NE  
Redmond, WA 98053

(425) 222-5030  
www.sculptorfitness.com

# Client Intake Form

Please return your completed form to us at least 48 HOURS before your initial consultation. You can drop it off at the studio or email it as an attachment to [info@sculptorfitness.com](mailto:info@sculptorfitness.com). In the subject line, write: **New Client Intake Form**.

## YOUR CONTACT INFORMATION

Name (first, middle, last)			Date of birth (month/day/year)	
Address		City	State	ZIP
Home phone number ( )	Cell phone number ( )	Work phone number ( )	Email address	
Contact preference <input type="checkbox"/> Email Only <input type="checkbox"/> Mobile Text Only <input type="checkbox"/> Email & Mobile Text		Were you referred to Sculptor Fitness by an existing client? <input type="checkbox"/> No <input type="checkbox"/> Yes, please tell us who:		
<b>EMERGENCY CONTACT</b>				
Name (first, middle, last)		Relationship	Phone number ( )	

**OUR GOAL IS TO HELP YOU ACHIEVE YOUR FULL FITNESS POTENTIAL  
WITH A PERSONALIZED PROGRAM THAT INCORPORATES  
EXERCISE, BALANCED NUTRITION, AND PROPER SELF-CARE.**

To make the most of your free initial consultation and fitness assessment,  
and to help us create your personalized program,  
please tell us more about your goals, your current fitness level, and your lifestyle as it relates to your fitness.

## CURRENT FITNESS, NUTRITION, AND GOALS

What is your <b>MOTIVATION</b> for coming to Sculptor Fitness? What do you want to accomplish? (Ex: fat loss, muscle gain, train for an event)	Do you have a <b>DEADLINE</b> or a specific time frame in which you'd like to accomplish your goal? (Ex: 20lbs in 12 weeks, run/walk first 5K)
What is your <b>exercise history</b> ? (Ex: weights, aerobics, yoga, sports) Current activities: Past activities:	How much time will you be able to <b>commit to your fitness</b> ? days per week minutes per day
What are <b>best days and times for you to exercise</b> ? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Early morning (before 9am) <input type="checkbox"/> Morning (9am-Noon) <input type="checkbox"/> Early Afternoon (Noon-3pm) <input type="checkbox"/> Late Afternoon (3-6pm) <input type="checkbox"/> Evening (after 6pm) Other time constraints:	
What does a <b>typical day of food</b> look like for you? <b>Breakfast:</b> <input type="checkbox"/> Don't Eat Breakfast      Time:      Types of foods and quantity: <b>Lunch:</b> <input type="checkbox"/> Don't Eat Lunch      Time:      Types of foods and quantity: <b>Dinner:</b> <input type="checkbox"/> Don't Eat Dinner      Time:      Types of foods and quantity: <b>Snacks:</b> <input type="checkbox"/> Don't Eat Snacks      Time(s):      Types of foods and quantity: <b>Food allergies or other diet restrictions:</b>	

## PHYSICAL ASSESSMENT

Regular physical activity should be fun, safe, and healthy. Prior to starting a new exercise program, we recommend that you consult with your physician for any potential concerns. **Please read the following questions carefully and answer each one by checking YES or NO.**

<input type="checkbox"/> No <input type="checkbox"/> Yes	Has your physician ever said you have a heart condition and/or have they limited your physical activity due to this condition?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	In the past month, have you experienced any chest pain when you were NOT doing physical activity?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you lose your balance due to dizziness or ever lose consciousness?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently taking any prescription drugs for a heart condition or high blood pressure (e.g. water pills)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you over 69 years of age?

**If you answered YES  
to one or more of the above questions:**

*Talk with your physician before you start training at Sculptor.*

- Your physician may limit your activities to ones they deem safe. Please bring written instructions from your physician outlining your exercise guidelines.
- You may be able to do any activity you want as long as you start slowly and build up gradually. Remember that NO exercise should ever cause pain. Stay within your fitness abilities, ask the trainer for modifications, and consult with your physician if in question.
- If you are unsure about an exercise or how to use a piece of equipment, ask the trainer before you start.

**If you answered NO  
to all of the above questions:**

*You may begin training at Sculptor.*

- Schedule a free initial consultation and fitness assessment with a trainer. This is an excellent way to determine your basic fitness level. A trainer will then develop a personalized training program that details your specific exercises and weights.
- Remember to start slowly and build up gradually. Stay within your fitness abilities to ensure your safety. If you experience any pain, ask the trainer for modifications.
- If you are unsure about an exercise or how to use a piece of equipment, ask the trainer before you start.

**I HEREBY WAIVE** my rights to the Physician Release and assume full responsibility for any risks associated with my fitness program and activities at Sculptor Fitness. Sculptor Fitness reserves the right to mandate a Physician Release from me at any time. \_\_\_\_\_ [initial here]

## HEALTH CONDITIONS AND INJURIES

Please list any current, past, or recurring physical conditions, including injuries, illnesses, medications, surgeries, or general health issues, that may prevent your ability to perform a fitness program or that should be taken into consideration by our trainers or instructors.

Heart Condition or High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Hyperglycemia or Hypoglycemia	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Asthma or Other Respiratory Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Spinal Injury (neck or back)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Shoulders	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Elbows	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Wrists, Hands, or Fingers	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Hips	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Knees	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Ankles, Feet, or Toes	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:
Other Health Issues (Ex: pregnancy, arthritis, cancer, tendonitis, autoimmune disease)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide details:

**Notes:**

## SIGNATURE

**I HEREBY ACKNOWLEDGE AND VERIFY** that the above information is accurate and have notified my trainer/instructor of all health issues prior to beginning any fitness program, class, or activity at Sculptor Fitness. In the event that these physical or health conditions should change, it is my responsibility to inform Sculptor Fitness and my trainer in writing.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 years of age: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



1123 Redmond-Fall City Road NE  
Redmond, WA 98053

(425) 222-5030  
www.sculptorfitness.com

# Policies and Procedures

## Scheduling Personal Training Appointments

Appointments can be scheduled in person, by calling **(425) 222-5030**, or online at [www.sculptorfitness.com](http://www.sculptorfitness.com).

New clients should schedule a **free initial consultation with fitness assessment** prior to beginning any training package or group classes. We will work with each client to accommodate your appointment requests. Advance payment reserves your personal training sessions.

## Cancellation Policy

All training sessions are scheduled by appointment. Appointments that are not cancelled **24 hours in advance** will be charged in full to the client. Cancellations can be made in person, by calling **(425) 222-5030**, or online at [www.sculptorfitness.com](http://www.sculptorfitness.com).

## Schedule Changes

Clients can reschedule future appointments in person, by calling **(425) 222-5030**, or online at [www.sculptorfitness.com](http://www.sculptorfitness.com).

## Payment Policy

Payment for training sessions and group classes is due prior to or at the time of the session or class. Training packages and class passes may be purchased online or at the studio; full payment for packages and class passes is due at the time of purchase.

If you provide an email address, you will receive an automatic email reminder when it is time to purchase a new training package or class pass.

## Discounts and Special Offers

We offer a variety of training packages and class passes to accommodate different budget needs, as well as family pricing for unlimited class passes. Purchasing larger packages or class passes offers the best value. For more information, see our price list at [www.sculptorfitness.com/about/Prices.pdf](http://www.sculptorfitness.com/about/Prices.pdf).

## Expiration Dates

All of our training packages and class passes have an expiration date of either 3 months, 6 months, or 1 year depending on the size of the package or pass. For more information, see our price list at [www.sculptorfitness.com/about/Prices.pdf](http://www.sculptorfitness.com/about/Prices.pdf).

## Gym Safety and Procedures

- Wear comfortable exercise clothing. Avoid baggy sweatpants and sweatshirts.
- Do not wear perfume, cologne, or heavy jewelry.
- Arrive at least 5 minutes early to warm up for your class or appointment.
- Yoga and Pilates clients should bring their own mat.
- **No banging, dropping, or clanking weights and equipment.**
- **Spray and wipe down your workout mat and equipment after training.**
- **Keep studio clean and safe by returning all equipment and weights.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 years of age: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



1123 Redmond-Fall City Road NE  
Redmond, WA 98053

(425) 222-5030  
www.sculptorfitness.com

# Liability Release

I HEREBY ACKNOWLEDGE AND AGREE that the training, programs and events held by Sculptor Fitness may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Sculptor Fitness furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** Sculptor Fitness, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the Sculptor Fitness personal training, classes, programs, events, and/or Sculptor Crossfit.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/LEGAL GUARDIAN MUST CONSENT: I, as parent or legal guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this release form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone where you can be reached: \_\_\_\_\_