In order to submit this form, you should open it with Adobe Acrobat Reader.

Date

Month Day Year

Name

First Name Last Name

Phone Number

Area Code Phone Number

Email

example@example.com

Emergency contact

First Name Last Name

Emergency contact phone number

Area Code Phone Number

Do you have any health conditions that I should be aware of?

Do you have any deadlines, time crunches or events that you'd like me to be aware of? Any special events you want to get ready for?

Create your own automated PDFs with JotForm PDF Editor

JotForm

Do you have any injuries that I should be aware of while building your training plan? *

Do you currently take any medications that I should be aware about? *

For your nutrition plan specifically, do you have any allergies, foods to avoid, preferences or special requests that I should be aware of?

Do you currently have or do any of the following regularly? (check all that apply) *

- ☐ sweet tooth
- ☐ stress eating
- ☐ late night eating/snacking
- ☐ Eating out a lot because of not having food prepared
- ☐ eating a lot of snacks
- ☐ emotional eating
- ☐ not eating all day
- ☐

What are some challenges that your work/job or lifestyle will create for you along this journey? (if any) *

On which days are you available to exercise? (check all that apply) *

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Create your own automated PDFs with JotForm PDF Editor

JotForm

Do you smoke?

- ◯ YES
- ◯ NO

Do you have any questions,comments or concerns?

I am aware of the risks in observing or participating in the activities offered and sponsored by Salubrious massage & fitness. I understand that all sports or fitness that I will execute and participate in are entirely at my own risk and perils. I assume complete responsibility and liability for those risks and for the injuries that may occur as a result of these risks, even if injuries occur in a manner that is not foreseeable at the time I sign this agreement. I realize that by voluntarily assuming the risks involved, I will be solely responsible for any loss or damage I sustain, including personal injuries to me, damage to my property, or damage arising out of my death. Any additional policies regarding payment, cancellation and appointment are on the policy tab in www.salubriousmassagefitness.com. I am completely aware of the policies located in the policy tab in www.salubriousmassagefitness.com and I have answered all the above questions and information to the best of my knowledge. Sign below if agreed. *

Signature

Thursday, April 30, 2020

Create your own automated PDFs with JotForm PDF Editor

JotForm