

HEALTH SCREENING FORM



PERSONAL CONTACT INFORMATION

NAME _____ DATE _____

Home phone # _____ Cell # _____

Work phone # _____

Address _____

Physician's name _____

Physician's Phone # _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____	Relationship _____	Phone # _____
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Are you taking any medication? Yes No What? _____

Does your physician know you are participating in this exercise program?

Describe your exercise program now. _____

Do you now or have you had in the past:	Yes	No
1. History of heart problems, chest pain or stroke.	_____	_____
2. Increased blood pressure.	_____	_____
3. Any chronic illness or condition.	_____	_____
4. Difficulty with physical exercise.	_____	_____
5. Advice from physician not to exercise.	_____	_____
6. Recent surgery (last 12 months).	_____	_____
7. Pregnancy (now or within last 3 months).	_____	_____
8. History of breathing or lungs problems.	_____	_____
9. Muscle, joint, back disorder, or a past injury still affecting you.	_____	_____
10. Diabetes or thyroid condition.	_____	_____
11. Cigarette smoking habit.	_____	_____
12. Obesity: Body Mass index (BMI) over 30 or higher.	_____	_____
13. Increased blood cholesterol.	_____	_____
14. History of heart problems in immediate family.	_____	_____
15. Hernia, or any condition that may be aggravated by lifting weights.	_____	_____
16. Please explain any yes answers on the back of this form.	_____	_____

Comments: _____

ONE-TO-ONE TRAINING PROGRAM



REGISTRATION FORM

The undersigned ("Participant") hereby registers as a participant in the One-to-One Training Program, which includes any extensions or renewals thereof (the "program"), conducted by Body By Jean-François on the following terms and conditions:

1. The total cost of the program is _____ for _____ sessions
2. Each session represents a duration of one hour.
3. I have read and agree to the terms on the back of this form.

Name of Participant _____

Participant's Signature _____ Date _____

Address _____

Home Phone _____ Business Phone _____

Person to contact in case of emergency

Home Phone _____ Business Phone _____

SERIES CONTROL

Session	Signature	Date	Time	Session	Signature	Date	Time
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

TERMS OF THIS AGREEMENT



4.1. **Canceling Session.** Participant must schedule session in advance. Notice of cancellation should be 24 hours before in advance of appointment.
Body By Jean-François (bbjf) and the client _____ (initials)

4.2. **Revocation of registration**

(a) Body By Jean-François (bbjf) in his sole discretion reserves the right to revoke participant's registration in the program for any reason.

(b) In the event of bbjf's revocation of participant's registration, participant shall receive a pro-rated refund, based upon the number of sessions attended or forfeited by participant.

(c) This agreement is non-cancellable by participant.

4.3. **Medical Disclaimer and Assumption of Risk.** Supplementing the terms and conditions of participant's contract for membership with bbjf, participant acknowledges that the program may involve strenuous physical exercise. Participant represents that he/she is in good health and that he/she has no health condition, which would restrict such strenuous physical exercise. Participant agrees to discontinue the program if he/she develops any health conditions which might restrict he's/her participation in the program. Participant is aware that this program involves certain risks of injury and participant expressly assumes the risk and responsibility for any and all accidents or injuries of any kind, which he/she may sustain by reason of participation in the program.

4.4 **Applicability of Membership Contract.** Participant understands that all of the terms and conditions of participant's contract for membership with bbjf, including all bbjf's rules and regulations, shall apply in all respects to participant's participation in the Program.

Date _____ Signature of Participant _____

Date _____ Signature of Witness _____