



Full Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Mobile Number: _____ Home Number: _____

Emergency Contact: _____ Phone Number: _____

Employer: _____ Work Number: _____

Email Address: _____

How Did You Hear About UBX? _____

Are You Interested In Any Of The Following?

UBX Monthly Promotions: Yes _____ No _____

Dietary Supplementation: Yes _____ No _____

Massage Therapy: Yes _____ No _____



Ultimate Body Experience

Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of Ultimate Body Experience, LLC in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Ultimate Body Experience, LLC and all personnel affiliated from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities offered by the company and its personnel.

I understand and am aware that strength, flexibility, and aerobic exercises, including the use of equipment are a potential hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of training equipment so that I might have his/her recommendations concerning these activities and equipment used. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in any activity without the approval of my physician and do hereby assume all responsibility for my participation in activities and utilization of equipment.

I understand that the fitness assessments, exercise prescriptions, nutrition counseling and lifestyle recommendations are NOT treatment, diagnosis, or cures for diseases, ailments, or chronic medical conditions. They serve only as an awareness and possible preventative measure in the management of such conditions.

Date

Printed Name

Signature



ULTIMATE BODY EXPERIENCE

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is not only fun but healthy. More people are becoming more active every day. Being more active is very safe for most people, however some people should consult with their physician before beginning an exercise program. **Please complete this form as accurately and completely as possible to ensure that we have the most accurate and up to date information.**

PAR-Q FORM: Please answer or mark YES or NO to the following:

YES NO

What is your age? _____

Do you have a heart condition? _____

If yes has your doctor cleared you for physical activity? _____

Do you have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not performing physical activity? _____

Have you had a stroke? _____

Do you lose balance due to dizziness or do you ever faint or lose consciousness? _____

Do you have a bone, joint or any other problem that may cause you pain or limitations that must be addressed when developing an exercise program? (i.e.: diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anemia, epilepsy, asthma or respiratory ailments, back problems, etc.?) _____

Are you pregnant now or have you given birth within the last 6 months? _____

Have you had a recent surgery? _____

If yes to any of the above, please explain: _____

Have you recently or do you currently take either prescription or non-prescription supplements or medication? _____

What is the supplement or medication for? _____

How does this medication affect your ability to exercise or perform physical activity? _____

Do you currently exercise? _____

If yes, what type, frequency, and duration? _____

Please note: If your circumstances change such that you would later answer yes to any of the above questions, please notify your trainer.

I have read, understand, and completed the questionnaire. I attest that all answers are truthful and that any questions I had were answered to my full satisfaction.

Name: _____ Signature: _____ Date: _____

