



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: \_\_\_\_\_



# MEASUREMENT TRACKING

CLIENT NAME \_\_\_\_\_ TRAINER \_\_\_\_\_

DATE \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(START) (GOAL)

DATE  
 HEIGHT  
 WEIGHT  
 LBM  
 BF  
 BF%  
 BICEP  
 TRICEP  
 SUBSCAP  
 ILL. CREST  
 TOTAL  
 NECK  
 UPPER ARM  
 BICEP FLEX  
 FOREARM  
 CHEST  
 SHOULDER  
 WAIST @ BB  
 WAIST LRGST  
 HIPS(GLUTE)  
 THIGH(@90°)  
 CALF  
 RHR  
 THR

PERSONAL GOALS \_\_\_\_\_

MEDICAL HISTORY/ MEDICATIONS/ RESTRICTIONS \_\_\_\_\_

NOTES \_\_\_\_\_