



INTAKE FORM

MONTH/DATE PAID _____

Personal Information

First Name: _____ Last Name: _____
Gender: M F Birth date: ___/___/___
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: () _____ Work Phone: () _____ Ext: _____
I was referred by: _____ Goal: _____

Addie's Outdoor Summer Fitness participants

I, _____, desire to engage voluntarily in an exercise program in order to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio respiratory and skeletal/muscle system and thereby attempt to improve their function.

I understand that the purpose of the exercise program is to develop and maintain cardio respiratory fitness, body composition, flexibility, muscular strength, and endurance. A specific exercise program will be given based on needs, interests, and doctor recommendation.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should and unusual symptoms occur, i.e., nausea, high blood pressure, dizziness, respiratory complications, or abnormal fatigue, etc., I will cease participation and inform my instructor of my symptoms.

I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

I have consulted my physician beginning this exercise program and have his/her approval. If, in the event a medical clearance must be obtained prior to my participation in the exercise program of the fitness assessment, I hereby grant Addie's Studio One on One, Inc. authorization to contact my physician and obtain written permission prior to commencement of any exercise program.

I completely understand that there are certain inherent risks while participating in exercise regimes or attending exercise classes in health and fitness facility. Such activity may include strenuous activity. I knowingly and voluntarily waive any cause of action whatsoever which may arise from any injury incurred as a result of such activity.

I hereby release Addie's Studio One on One, Inc., its employees, management, officers, directors, and agents from any and all damages, claims, demands resulting from injuries and/or causes of action arising from my use of the premises and/or equipment of Addie's Studio One on One, Inc. 8935 Towne Centre Drive, San Diego, Ca. 92122/4440 Ingraham St., San Diego, Ca. 92109. This release also includes any off sight training activities I any choose to participate in under the direction of the trainers of Addie's Studio One on One, Inc.

I have fully read, understand and agree to the foregoing:

Client: _____ Date: _____
Signature

Classes are \$269 each month for all classes offered in both locations. Do you want Addie's to charge your credit card monthly for ongoing months through August 08' unless you call yes___ no___ if not you will need to call and re-up.

Credit Card # _____ exp. _____

FAX COMPLETED FORM TO ADDIE'S PACIFIC BEACH STUDIO FAX MACHINE: 858-483-2722