

Do you or have you had any injuries or orthopedic (joint, bone, muscle, ligament, etc..) problems?

yes no

If "yes" please elaborate.

Have you had any x-rays, MRI's or any other imaging studies?

yes no

Do you have orthotics (shoe inserts)?

yes no

Have you ever had any of the following therapies: (please circle) Physical therapy, chiropractic, massage, acupuncture, feldenkrais, rolfing, Alexander technique.

Have you undergone any other alternative healing methods?

yes no

Females only- are you pregnant?

yes no

have you born children?

yes no

if yes, how many?

do you menstruate?

yes no

if yes, date of last cycle:

Where do you eat most of your meals? home restaurant other

When eating at home, who prepares your meals?

How often do you eat at fast food restaurants?

Do you eat breakfast? yes no

Have you ever seen a nutritionist or registered dietician? yes no

Do you take a multi-vitamin or multi-mineral? yes no

Please list three objectives you would like to accomplish by working with me.

- 1.
- 2.
- 3.

On a 1-10 scale, 1 being not important and 10 being the most important thing in your life, please rate the importance of reaching your goals.

- 1.
- 2.
- 3.

What are you willing to do to reach your goals?

What are you willing to give up in order to reach your goals?

Who is willing to support you in the pursuit of your goals?

How did you hear about Drake Fitness?

I understand that the intention of Drake Fitness is to provide individual, comprehensive exercise and performance programs designed to restore and improve health and function of the body. I understand that David Drake will recommend the services of other health care practitioners, and in order to maximize my program's effectiveness, it will be necessary to follow up with those practitioners. I am aware that the path that I am embarking on is in no way a quick fix, but a long pathway back to optimal health and function. I accept that my involvement is a serious commitment and will require a dedicated effort on my part to reach my personal goals. I understand that my failure to implement any part of my program will severely reduce my chances of long-term success.

Purchase Information:

Payment is expected at the conclusion of each session unless other arrangements have been made. Payment is for services rendered and should not be considered a membership fee.

Personal Training Sessions cost \$85 per hour. (8 session package x \$80=640). KB Strong Group classes prices can be seen at www.drake.fitness.

Sessions & Scheduling:

Clients are responsible for scheduling their sessions and will be charged for the sessions scheduled. If a client is late, they will be billed for the session and use the remaining time available. There is a required 24-hour cancellation notice for all scheduled sessions. Should you fail to do so, Drake Fitness reserves the right to charge the full cost of the session. Should your trainer miss a scheduled session you will be owed a complementary session at no additional charge.

Customers Right To Cancel:

Your satisfaction is guaranteed. Should you choose to discontinue, or be unable to continue your sessions & activities with Drake Fitness for whatever reason and there is a remainder of pre-paid sessions, simply request in writing a refund for those sessions. A refund will be provided within thirty (30) days. South Carolina state law allows one year to complete pre-paid sessions. After this time you will forfeit any right to get a refund and I reserve the right to refuse fulfillment of remaining sessions.

Liability:

Buyer full understands and agrees that in using the facilities and services of Drake Fitness and the independent contractors at the facility there is a possibility of accidental or other physical injury. Buyer agrees that he/she will not hold Drake Fitness, or any representative thereof, responsible in any way for any injuries or damages. Buyer must read and sign attached "Notice Of Waiver And Assumption Of Risk" document before undergoing assessment and training with Drake Fitness.

Name (print) _____

Signature _____ Date _____

Drake Fitness: _____ Date _____

NOTICE OF WAIVER AND ASSUMPTION OF RISK

Please Read Carefully

By signing this document I acknowledge that I have consulted with my doctor and he/she has approved my entry into a program of progressive physical fitness. I further acknowledge that I have voluntarily chosen to participate in Drake Fitness's program of physical exercise, which is designed to enhance the musculo-skeletal and cardio-respiratory systems. I understand that the possible strenuous nature of the program and the possibility of adverse physiological reactions which, in limited circumstances, can cause, among other conditions, high blood pressure, fainting, heart attack, and death. This is why Drake Fitness expects you to check with your doctor and inform us of any health concerns and medications. I also understand that all exercise has an inherent risk but is still highly recommended by health professionals for most people.

By signing this document, I assume all risk regarding my health and well being and hold harmless of any responsibility Drake Fitness, its instructors and employees. I also waive any right or claim against Drake Fitness, its owners, instructors and employees to sue them or hold them liable for any adverse impact to my health.

I have read this carefully and understand I am giving up potential legal rights and sign it of my own free will and with full informed consent and knowledge.

Signature

David Drake

Date