



Personal Fitness Evaluation

Name: _____ Phone: _____
 Address: _____ Town: _____ State: _____ Zip: _____
 Age: _____ Height: _____ Weight: _____ Email: _____

Health History

- List any muscle injuries including dates:
- List any bone or joint injuries including dates:
- List any muscle, bone or joint pain you are presently experiencing:
- List any activities about which you must be cautious:
- List any medications that you are presently taking:
- Do you smoke? Yes No If yes, how much?
- Is there any other health condition that might limit your participation in the Program?
 (For example: pregnancy, List disability, etc.)
- On a scale of 1-10, 1=low to 10 extremely high, how committed are you to reaching your wellness goals?

Physical Fitness Levels

Check the approximate boxes:	Never Have	Presently Have
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Disease	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Persistent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain w/Exertion	<input type="checkbox"/>	<input type="checkbox"/>
Bursitis	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify) _____		

Release of Liability Statement

I, _____, understand that physical training provided by Xodus Adventures and its representatives is intended to enhance my personal well-being through the pursuit of physical fitness. I realize that the effort and discipline are my own and will not hold Xodus Adventures responsible for unmet fitness goals. Also, in the event of injury caused by training, I will not hold Xodus Adventures, owner or any other employee liable except in the case of gross negligence. I will keep my trainer advised of all known physical conditions, medical conditions, and medications that may affect my training program. I understand and agree to abide by the terms stated above.

Signature: _____ Date: _____

Financial Agreement

Please read this agreement carefully.
We will be happy to answer any questions you may have.

I, _____, understand that I will be pre-paying for services rendered by Xodus Gym. I can pre-pay using check, cash, or money order for my training according to the rates established by Xodus Gym.

I choose to pre-pay:

- Per session _____
- Per month _____
- Per week _____
- Full package _____

I understand that there will be a \$55 service charge for all checks returned due to insufficient funds.

Cancellation Policy:

I understand that if I must cancel an appointment within 24 hours of the scheduled session that I will be charged the full amount of the training session fee. Illness and family emergencies will be taken into consideration as acceptable excuses at the discretion of the trainer. I understand that I have the option to reschedule the session in the above-listed exceptions to policy based upon the trainer’s availability. All sales are **FINAL**. There are no refunds.

I have read and understood this financial agreement and my responsibilities therein.

Signature: _____ Date: _____



