



**CONGRATULATIONS  
ON SIGNING UP FOR YOUR  
BEST EVER BODY!**



**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**D.O.B:**            \_\_\_ / \_\_\_ / 19\_\_\_

**Address:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

1. Have you ever suffered from any of the following medical conditions?
- |                                    |   |   |
|------------------------------------|---|---|
| a) Diabetes                        | Y | N |
| b) Stress or High Blood Pressure   | Y | N |
| c) Asthma or Respiratory Illness   | Y | N |
| d) Heart or Chest Pains            | Y | N |
| e) Epilepsy, Fainting or Dizziness | Y | N |
| f) Arthritis                       | Y | N |
| g) Neck or Back Pain               | Y | N |
| h) Any other muscle or joint pain? | Y | N |

Please specify: \_\_\_\_\_

2. Are you pregnant? Y N
3. Have you had a baby in the last six months? Y N
4. Do you smoke? Y N

If YES, how many per day: \_\_\_\_\_

5. Has your doctor ever advised you against any form of exercise? Y N
- If YES, please provide further information:

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6. Are you presently taking any medication on a regular basis? Y N
- If YES, please provide names and dosages of each:

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7. Are you currently on a specific diet? Y N
- If YES, please give details and where you heard about the diet:

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8. Are you aware of any injury, past or present, which may be aggravated by any form of exercise? Y N

If YES, please provide further information:

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9. Do you have any previous experience with personal training? Y N

10. How do you rate the amount of physical activity you perform whilst at work?

- Very Low
- Low
- Moderate
- Active
- Very Active

11. Which types of training have you recently been undertaking?

- |  |   |   |
|--|---|---|
| a) Cardiovascular training (walking, jogging, running)   | Y | N |
| b) Endurance training (long distance running)            | Y | N |
| c) Strength training (free weights, resistance machines) | Y | N |
| d) Flexibility training (Yoga, Pilates)                  | Y | N |
| e) Hypertrophy training (bodybuilding)                   | Y | N |
| f) Regular gym sessions                                  | Y | N |

12. Are you presently, or have you previously, played a specific sport? Y N

If YES, please provide further information:

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13. How do you perceive your current level of fitness?

- Low
- Average
- Good
- High

14. What are your short and long term health and fitness goals?

Please be as detailed as possible e.g. specific areas you would like to tone up, amount of weight you are looking to lose in the 6 weeks.

Short Term:

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Long Term:

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Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

## Bikini Body Challenge Waiver

I, \_\_\_\_\_, have enrolled in the girls Boot Camp program ran by Love My Body. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrolment and subsequent participation is purely voluntary and will not held Healthy Resolution liable for any injury occurred.

In consideration of my participation in this program, I, \_\_\_\_\_, hereby release Love My Body and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment. I fully understand that I may injure myself as a result of my enrolment and subsequent participation in this program and I, \_\_\_\_\_, hereby release Love My Body and its agents from any liability now or in the future for conditions that I may obtain. I agree to pay upfront for the course with the intention of ensuring I commit to come to these sessions and therefore get the results I deserve. I understand that there are no refunds and will get to the amount of sessions I have signed up for each week.

\*If you miss any sessions you can email us and arrange to roll them over to the next week.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please bring this form to your first session or post it to: Love My Body, 20 Horne Street Elsternwick 3185 prior to commencement of your course*