



203.213.6369

www.BodyTempleFitnessCT.com

20 N. Plains Industrial Road, Wallingford, CT 06492

16 Main Street, Durham, CT 06422

Name: _____ Date: _____

Cell #: _____ Home #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

*by providing your email, you agree to receive emails from Body Temple Fitness with health info, promotions and specials. (We will not share your email with anyone else).

Gift Certificates are available, please ask! *All Sales Will Include Sales Tax*

___ \$285 - The Starter Personal Training Package

___ \$285 - Personal Training & Kickboxing or Stretch and Flex Class at Wallingford Location (once per week)

___ \$380 - Trainer's Rate for (8) 30 minute Personal Training Sessions

___ \$650 - The Challenger (12) Personal Training Sessions

___ \$1080 - The Goal Crusher (24) Personal Training Sessions

6.35% Sales Tax _____ Total: _____

CC#: _____ Exp Date: _____ Code: _____

Cash Check #: _____ Credit Card (Circle One) V / MC / AMEX / DISC

Signature: _____ Date: _____

CLIENT CANCELLATION POLICY

At Body Temple Fitness, we require a 24-hour cancellation notice. If proper notice is not given, a session will be deducted from your training package. Please contact 203-265-7764 for all cancellations. Thank you very much, we sincerely appreciate your cooperation in this matter. *We do not offer refunds. Any ETF cancellations will be subject to a one-time cancellation fee.

Print Name: _____ Signature: _____

Date: _____

Your Goals: _____

Participation Authorization and Release

The Body Temple Fitness program is designed to challenge the systems of the body, especially the cardiovascular and musculoskeletal systems. We advise if you have any physical ailment, or family history of, are taking medication, or are otherwise not in excellent physical condition suitable for strenuous activity, your participation may be putting you at risk. Client acknowledges that participation will be physically and mentally challenging and client agrees that it is his/her responsibility to seek competent medical or other professional advice regarding any concerns involving the ability of the client to take part in such physical activities. If client has answered yes to one or more questions and you have not recently done so, consult with doctor before beginning exercise program.

The following questions are designed to alert you to the factors that can place you at risk as a result of strenuous exercise. They do not include all physical risks. If you answer yes to any of the questions below, you must consult with your physician before starting any Body Temple Fitness program.

Yes	No		Yes	No	
_____	_____	Has a physician ever said you have heart trouble?	_____	_____	In the past month have you had chest pain when you were not doing physical activity?
_____	_____	Do you often feel faint or have spells of sever dizziness?	_____	_____	Are you now or have you been pregnant in the past 3 months?
_____	_____	Are you over age 50 and not accustomed to vigorous exercise?	_____	_____	Do you have or ever had Liver Disease
_____	_____	Have you had surgery in the past 3 months?	_____	_____	Do you have high blood pressure, blood cholesterol or triglycerides?
_____	_____	Are you overweight (more than 20lbs)?	_____	_____	Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
_____	_____	Do you have a history of lung problems?	_____	_____	Is there any good physical reason not mentioned her why you should not follow an activity program?
_____	_____	Do you feel pain in your chest when you do physical activity?	_____	_____	Do you have a cigarette smoking habit (or within past year)
_____	_____	Has a physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?	_____	_____	
_____	_____	Do you have or ever had Kidney Disease	_____	_____	
_____	_____	Do you have or ever had Diabetes	_____	_____	
_____	_____	Are you anemic (low blood count)?	_____	_____	

Client agrees to assume all risk and responsibility involved with participation in physical activities, nutritional programs and not exceeding his or her own limits. I hereby forever release and discharge and hold harmless & their respective agents, heirs, assigns contractors and employees from any and all claims, demands, damages, rights of action or causes of action present and future arising out of connect with my participation in this or any exercise program including any injury resulting there from and/or loss or damage to my own personal items.

I have read all of the above and I do not need to consult my physician any further. Please Initial:

_____/_____

Date
Print Name
Signature

Emergency Contact: _____ EC's Phone #: _____

Address: _____

Street Address
City
Zip Code
State