



1561 Old Dixie Highway suite B
Vero Beach, Florida 32960

Fitness Agreement

Name _____ Age _____
Address _____
Phone (C) _____ (H) _____ (W) _____
Email _____

Release and Waiver of Liability and Indemnity: You as a client of Kim's CoreFit agree that you are in good physical condition and do not suffer from any disabilities that could jeopardize your physical well being during exercise. In consideration of your participation in a Kim's CoreFit exercise program or while using this fitness center; you, your heirs, assigns and next of kin release Kim's CoreFit and its staff, officers, directors and agents, from any claims arising from your participation in this exercise program or use of this facility. You fully understand that you may injure yourself as a result of your participation in a Kim's CoreFit exercise program, and you hereby release Kim's CoreFit from any liability, now or in the future; including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/ lower back/foot injuries and any other illness, soreness or injury however caused, or occurring during, or after your participation in this exercise program, whether caused by the active or passive negligence of Kim's CoreFit, or otherwise. You, the client further expressly agree that the foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. You the member have read this release and waiver of liability and indemnity, and agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Signature _____ Date _____

Personal Trainer _____



Health History Form

Name _____ Date _____
 Age _____ Birthday _____ Phone# _____
 Emergency Contact _____ Phone# _____
 Physician's Name _____

Are you taking any medications? If so, please list medication, dose and reason.

Do you currently have or have you had any of the following? Y/N

- ___ Heart attack, coronary bypass, cardiac surgery, stroke (please circle)
- ___ High Blood Pressure or Low Blood Pressure
- ___ Recent illness, hospitalization or surgical procedure (in the last 12 months)
- ___ Abnormal resting or stress EKG
- ___ Uneven, irregular or skipped heart beats
- ___ High blood cholesterol
- ___ Pulmonary disease (asthma, emphysema, bronchitis)
- ___ Family history of heart disease or heart attack prior to age 55
- ___ Diabetes or Thyroid condition (please circle)
- ___ Are you pregnant or could be pregnant at this time
- ___ Phlebitis emboli
- ___ Chest pain at rest or exertion
- ___ Shortness of breath
- ___ Dizziness or fainting
- ___ Osteoporosis
- ___ Back, neck, knees, hips, or other orthopedic problems
- ___ Cigarette smoking
- ___ Emotional disorders

Are you currently being treated for any other medical conditions (please explain)

I have answered Kim's CoreFit Health History Questionnaire accurately and completely. I understand that any information that I have withheld by me may result in serious injury for myself. If any of the above conditions change, I will immediately inform my trainer of those changes. I knowingly and willingly, assume all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility the personal trainer, Kim's CoreFit or any person involved with this exercise program or testing procedures.

Signature _____ Date _____



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Kim's CoreFit Studio Policies

The following policies will help us to give you the best possible service. We want you to enjoy the Studio and get the most out of each visit. Please help with the following.

Please remember to bring a towel and water.

Appointment Policies

- All non-emergency cancelations must be made 24 hours in advance. If you fail to cancel your appointment, or do not show, you will be charged for the session.
- If the cancelation and/or change of appointment time is due to work schedule or illness, notification needs to be done ASAP so that your trainer can fill your time slot with another client waiting to make an appointment.
- In order to reserve an appointment, all appointments are prepaid at time of scheduling.
- If more than two sessions are missed without sufficient notice, your trainer has the right to give your time slot to a new client.
- Payments are non-refundable.
- Appointments will not be extended and will end on time even if the client arrives late.
- Please notify your trainer if you are experiencing any difficulty with your fitness program.

By signing this form, I am expressing sincere commitment to my fitness program in order to achieve my goals.

Client Signature _____ Date _____

Trainer _____

Preferred method of contact: (please check one) Phone _____ Text _____ Email _____