

New Client Form & Waiver

Date:

Name:	
Address:	
Email:	Phone:
Birthday:	
Occupation:	

Have You Ever Been Treated by a Physician For:

- Arthritis
- Chronic Fatigue Syndrome
- Diabetes
- Heart Disease
- High Blood Pressure
- Osteoporosis
- Orthopedic/Joint Problems
 - Anterior Cruciate Ligament Knee Injuries
 - Herniated or Bulging Disc
 - Spondylolisthesis
 - Stenosis
 - Total Hip Replacement
- Other _____

Are you pregnant? Yes No

Prior Surgeries: _____

Prior Injuries, Musculoskeletal and Neuromuscular Issues:

- Carpal Tunnel Syndrome Plantar Fasciitis
- Rotator Cuff Impingement Thoracic Outlet Syndrome
- Other _____

Activity Level/ Exercise Frequency: _____

Fitness Goals (Please List 3): _____

Acknowledgement of Risk and Waiver of Liability

I understand that I, _____ will be participating in a fitness program through Francesca Gorgone that will require physical exertion. Although the most common inquiries or symptoms associated with exercise involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any fitness program. Consequently, I was advised by Francesca Gorgone to obtain the approval of my doctor before beginning a fitness program. Before beginning this program, I was asked whether I have any physical or mental limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication or medical treatment other than those that I have written on the attached sheet.

I understand that, by signing this statement, I am agreeing not to hold Francesca Gorgone responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through Francesca Gorgone, whether at the gym , at home or elsewhere. As such, I understand and agree that Francesca Gorgone shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Francesca Gorgone.

Participant's Signature

Date