



KRAVE New Client Registration & Acknowledgement of Risk & Health History

**Training Participant General Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone

Number: \_\_\_\_\_

Email address: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Emergency Contact relationship: \_\_\_\_\_

Emergency Contact phone#: \_\_\_\_\_ Emergency Contact email: \_\_\_\_\_

How did you hear about Krave? \_\_\_\_\_  
\_\_\_\_\_

**Training Participant Medical History & Health Screening**

Have you ever been treated for any of the following conditions:

*(Please circle and explain where applicable):*

- ARTHRITIS                      CHRONIC ILLNESS                      DIABETES                      DIFFICULTY WITH EXERCISE
- EATING DISORDERS                      ELEVATED CHOLESTEROL                      LUNG PROBLEMS
- SEIZURES                      HEART PROBLEMS/ABNORMAL EKG                      HIGH BLOOD PRESSURE

ORTHOPEDIC PROBLEMS: (Circle) Back Feet Joint Knee Neck Other

Please Explain: \_\_\_\_\_

Please list any accidents or injuries (falls, automobile, athletic, etc.) and when occurred:  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries & Dates:  
\_\_\_\_\_

Have you been released to exercise?    Yes    No

Do you have any physical conditions that may require you to not fully participate in any activities?  
\_\_\_\_\_

Do you take any medications/supplements/vitamins, if yes please list ALL  
\_\_\_\_\_



How long (duration) and at what frequency have you been doing regular exercise?

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Please check any of the following conditions that CURRENTLY apply:

Back trouble       Neck trouble       Shoulder problems  
 Knee problems       Other joint problems       Hypertension (high blood pressure)  
 Glaucoma       Diabetes       Hypotension (low blood pressure)  
 High Anxiety       I am pregnant       I am trying to get pregnant  
 I smoke       I have had surgery in the last 2 years  
 I have other medical concerns

Describe the forms of exercise you currently participate in (Ex. Pilates, yoga, strength training, etc)?

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List your exercise goals and your level of motivation for achieving these goals (1-10, 10 being you are really ready!)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Would you be interested in any of the following?

Personal Training       Small Group Training       Group Classes  
 Weight Loss/Management       Lady's Night Monthly Event  
 Sports Specific Training -Identify your sport: \_\_\_\_\_  
 Specialty Workshops and what kind: \_\_\_\_\_

Ideal class:

\_\_\_\_\_ days/times: \_\_\_\_\_

### Exercise Release Form:

I understand that all types of exercise programs have an inherent risk. By signing this today I am certifying that I am voluntarily participating in physical activity and all risk is assumed 100% by me: \_\_\_\_\_ (please print name) to participate in any and all activities through Krave Fitness dba, Leah Santello & employees/instructors.

x \_\_\_\_\_ x \_\_\_\_\_  
(Signature) (Today's date)



## Consent & Liability Waiver

DISCLAIMER, Leah Santello (dba KRAVE Fitness & Nutrition) is not responsible for any injury (including death) or loss of property suffered while participating in any programming, using the equipment, or participating in any activity on the premises of KRAVE, 22 West St, Millbury, MA 01527 and KRAVE2 50 Howe Ave. Millbury, MA 01527 and KRAVE3 122 Turnpike Rd Suite #5, Westborough, MA 01581 for any reason whatsoever, including ordinary negligence on the part of dba KRAVE, its agents or employees.

Leah Santello is also not responsible for any damages whatsoever to any vehicles on premises parking lot or any theft of the vehicle or articles from the vehicles parked in or around 22 West St, Millbury MA and 50 Howe Ave. Millbury, MA 01527 and 122 Turnpike Rd Suite #5, Westborough, MA 01581. I also agree to indemnify and hold harmless, Leah Santello, KRAVE, its agents or employees for any and all claims arising as a result of my engaging in physical activity or any other activities within or on the premises.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Massachusetts and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. Should I gain legal representation and dispute this waiver I agree to compensate Leah Santello; KRAVE for any legal fees she might incur.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and /or remedies, which may be available to me for the ordinary negligence of KRAVE or any of the parties listed above.

### **Please read before signing**

I \_\_\_\_\_ hereby acknowledge that I am taking the advice of Leah Santello, dba KRAVE, its agents, employees and/or servants with the possibility that such advised training and dietary program may result in possible harmful side effects, injuries or other casualties. I further acknowledge that all known prior health conditions, physical disabilities, and or health concerns have been fully disclosed to the KRAVE consultant /client/ member. I understand that before I initiate the suggested program, I will consult with my physician before undertaking such program. I understand that I should discontinue any exercise plan or any dietary plan that causes me pain, severe discomfort, allergic reactions, and that I should further consult with my physician. I also understand that if I am doing Personal Training or Small Group Training and I would like to discontinue or re-schedule a date I must provide 30 days' notice prior, otherwise I will be charged a \$99 late cancel fee, or half of the cost of my missed session.

.X \_\_\_\_\_ X \_\_\_\_\_  
(Signature) (Today's date)

*Note: If the participant is not 18 years of age or older, he/she must have the consent of a parent or guardian who will also read, understand and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms as well as the client.*

X \_\_\_\_\_ X \_\_\_\_\_  
(Signature of parent or guardian) (Today's date)

Are you in the fitness/nutrition field? \_\_\_\_no \_\_\_\_yes **\*if yes please read & sign below:**

I understand classes I participate in at Krave are not to be copied or reconstructed in any way and that class format, music, movements, are meant for Krave members and Krave members only. If I copy, reconstructed, or attempt to share class information to do any of the mentioned, legal action can and will be taken against me.

X \_\_\_\_\_ X \_\_\_\_\_  
(Signature) (Today's date)