



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?

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)?

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

1. _____
2. _____
3. _____

Are you 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 for any reason whatsoever, including ordinary negligence on the part of dba KRAVE, its agents, independent contractors 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. I 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 or a Krave related event/class out of the studio address.

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.

.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 only. If I copy, reconstruct, or attempt to share class information to do any of the above mentioned, legal action can and will be taken against me.

X _____ X _____
(Signature) (Today's date)

Nutrition Agreement

Name: _____
Address: _____
Phone: _____

In consideration of my being able to participate in the a Nutrition Program, I understand that I must purchase a single consult or package and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability.

I understand that the program is voluntary and that a Nutritionist will develop my program. I represent that I will complete the health history form accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition, or medical limitations should change, I will notify the Nutritionist. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) and following nutritional recommendations, all of which could increase heart rate and body temperature.

I understand that there may also be exercise recommendations and that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

Knowing the risks and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

I do hereby waive, release and forever discharge to Krave from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, nutrition consulting or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.
I AGREE AND UNDERSTAND. INITIAL HERE_____.

Personal Training Policies and Procedure

1. Package sessions/consults/programs are non-refundable.
2. Package sessions must be paid in full for one month prior to the month of the program.
3. If a client is paying in any method other than a credit card they must either pay for two months in full, reoccurring, or have a credit card on file. If client is more than 14 days late with payment they agree that the credit card on file can be charged.

I AGREE AND UNDERSTAND. INITIAL HERE_____.



I declare that I have read, understand and agree to the contents of this Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Policies and Procedures are intended to be as broad and inclusive as permitted by the State of Massachusetts and agree that if any portion is held invalid, the remainder will continue in full force and effect.

AGREED TO BY: _____ DATE: _____

Payment plan:

Per Session – Single person = \$45.00

Per Session – Two people = \$75.00

Per Session – Three people = \$90.00

Pre schedule – Pre Pay

5 Sessions = \$200 (Savings of \$5 per session)

10 Sessions = \$350 (Savings of \$10 per session)