



**Fitness Assessment & Waiver**

Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Can we text you? \_\_\_\_\_

**What are your specific Fitness Goals? (what are you looking to accomplish)**

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

**Are you currently working out, and if so what are you doing?**

\_\_\_\_\_  
\_\_\_\_\_

**Any Medical Concerns?**

\_\_\_\_\_

**In consideration for my participation in this facility's fitness program, I, the member acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the facility, Ichiban Karate & Kickbox, it's management, assigned staff and fellow members from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the members named above are physically fit to take the prescribed course of instruction and do so of their own free will and for an agreed upon fee.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_