



Client Intake Form

Client Name: _____ Employer: _____

Address: _____ City / State / Zip: _____

Date of Birth: _____ Male Female Height: _____ Weight: _____ Marital Status? Single Married

Phone: _____ Email: _____

Emergency Phone: _____ Emergency Contact Name/Relationship: _____

Have you been to Orangetheory Fitness before? Yes No If yes, are you a Fitness Program holder at another studio? Yes No

How did you hear about us? Word of Mouth Sign\Drive-by Direct Mail Walk-by Other/Referral Name: _____

What are your personal fitness goals? Weight/fat loss Gain lean muscle Overall health Tone & Firm Athletic Performance

On a scale of 1-10 (10 being most), how serious are you in accomplishing your fitness goals? 1 2 3 4 5 6 7 8 9 10

How often do you currently work out? N/A One time per week 2-3 times per week 4+ times per week

What does your current exercise program consist of? Cardio Weight training Classes (Pilates, Yoga, Spin, etc.) Exercise videos

Other/details: _____

Do you have any of the following? Heart conditions High Blood Pressure Diabetes Seizure disorder Joint Pain

Are you currently taking any medications or supplements that affect your heart rate or blood pressure? Yes No

Please explain any checked items: _____

Do you have any other exercise restrictions our trainers should know about? _____

I (the "Client") voluntarily desire to participate in physical exercise training classes conducted on behalf of Quara Management LLC, Fitness-1, LLC d/b/a Orangetheory Fitness (the "Studio") at the studio located at 16 C E. Golf Road Schaumburg IL 60173 (the "Facility") and understand agree to the following

1. Client agrees to assume full responsibility while voluntarily participating in any training class at the Studio or the Facility at Client's sole risk and discretion. Client shall abide by any rules and regulations for use of the Studio or Facility which may be promulgated from time to time by the Studio.
2. Client understands and agrees that there is a risk of injury associated with participation in any exercise program and that there exists the possibility for certain conditions occurring during or following training and/or exercise. These may include, but are not limited to, mild lightheadedness, fainting, abnormalities of blood pressure or heart rate, ineffective heart function in rare instances, heart attack or stroke. The reaction of the cardiovascular system to such activity cannot be predicted without complete accuracy.
3. It is strongly recommended that Client receive a medical clearance from his/her private physician prior to starting or participating in an exercise training program. The Studio's training programs are not designed for individuals with known heart disease with or without functional impairment.
4. Client has been informed that any fitness program includes possible risks and all exercises shall be undertaken at Client's sole risk and discretion. Client assumes full responsibility for any and all damages, injuries or losses that may be sustained or incur, if any, while participating in any studio exercise program or physical activity. Client hereby waives all claims against the Studio, the Facility, the Studio instructors, officers, directors, employees or agents of either and/or any successor assigns or and all claims, demands, injuries, damages, actions, or causes of action, whatsoever to my person or property arising out of or connected to the services, facilities, exercise classes, or the facility where same is located (including the Studio and/or the Facility, as applicable). Client hereby agrees to indemnify defend, hold harmless, release and discharge the Studio and Facility from all claims, demands, injuries, damage actions causes of action and from all acts of active or passive negligence on the part of the Studio, the Facility, the Studio instructors, their servants, agents, employees, and/or any successors and assigns, whatsoever, for any damages, injuries or losses that may be sustained by the Client arising from or in connection with the activities that Client voluntarily participates, including without limitation, attorney's fees, costs, and expenses of any litigation, arbitration or other proceeding.

8 Hour Cancellation Policy: Orangetheory Fitness enforces a strict 8 hour cancellation policy. If you have reserved your place in an Orangetheory Class and fail to cancel 8 hours in advance you will be charged for the class.

Late Arrival Policy: Orangetheory Fitness enforces a strict Late Arrival Policy. If you are more than 5 minutes late for your class you will lose your spot and may incur a Late Cancel Charge and/or forfeit a class session. You must be on time to class to properly stretch and warm-up prior to engaging in an Orangetheory class.

Dress Code Policy: Orangetheory Fitness wants you to come to class fully prepared for strenuous activity: enclosed running shoes, athletic shorts/pants, athletic t- shirt, towel and water bottle. We reserve the right to refuse you entrance into the studio if you are not properly attired.

Age Policy: Ages 14-15 must be accompanied by a parent or legal guardian in the workout at all times. Ages 16-17 are permitted to workout without parental supervision or accompaniment. 18 and above are considered adults and fully responsible for themselves.

OTbeat Pod& Strap/OTbeat Link Policy: By initialing, I hereby authorize Orangetheory Fitness to charge my credit card on file \$69.00 for the OT Beat Pod and Strap/\$99 for the OTbeat Link, utilized for OT Beat training, if it is not returned at the end of the class I was registered for. Client Initials:

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS:

Client's Signature: Date:

Parent/Guardian's Signature: Date:

(if under age of 18)

(For Studio Use Only)

Top 3 Fitness Goals

1. _____

2. _____

3. _____

Current Cardio Health Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Current Resistance Training Poor 1 2 3 4 5 6 7 8 9 10 Excellent

When were you in the best shape of your life?

What type of exercise were you doing to get into shape at the time?

1. *What barriers have you found in meeting your current fitness goals?*

2. *What are the most important features you are looking for in a fitness studio?*

3. *Have you used personal training in the past?* Yes No

If yes, explain:

4. *What times are you going to be using the studio?*