



Client Intake Form

Client Name: _____ Employer: _____

Address: _____ City / State / Zip: _____

Date of Birth: ____/____/____ Male Female Height: ____"____ Weight: _____ Marital Status: Single Married

Phone: _____ Email: _____

Emergency Contact Name/Relationship: _____ Emergency Contact Number: _____

*Has your doctor ever told you that you have a: Heart condition Seizure disorder Dizziness or fainting (Syncope) Other: _____

*Do you feel pain in your chest during physical activity or at any other time? Yes No

*Are there any other reasons that you should not perform, or limitations that could prevent you from performing physical activity? _____

Do you have any muscle, tendon, ligament, bone or joint problems that will be exacerbated by increase in activity? Yes No

Are you currently pregnant? Yes No

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

If you answered yes to the above question, please list: _____

I acknowledge and agree that it is my responsibility to disclose any such prescribed medications. I further acknowledge and agree that if I answered yes to any of the above questions that are noted with an asterisk (*), staff of the Facility may require that I provide written physician approval before I may use or participate in any physical activity conducted in the Facility. I understand that it is my complete right to decrease or stop any use of or physical activity in the Facility and that it is my obligation to inform the Facility staff of any symptoms or other medical issues should any develop.

CLIENT SIGNATURE: _____

For Staff Use Only

Have you been to an Orangetheory Fitness facility before? Yes - Location: _____ No

How did you hear about us? Website Social Media Drive/walk by Referral: _____ Other

Do you currently exercise? Yes No

If Yes: What are you currently doing for exercise? Cardio Weight training Classes (Pilates, Yoga, Spin, Barre) _____

What is your weekly exercise frequency? N/A 1x 2x 3x 4x or more

What are your personal fitness goals? Weight loss Lean muscle gain Overall health Tone/firm Athletic performance

Share three specific goals we will help you achieve: _____

Why are these important to you? _____

How long have you been thinking about achieving these goals? 1-3 months 4-7 months 8-12 months 12+ months _____

On a scale of 1-10, how passionate are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10

What barriers have you had in reaching your fitness goals? Are any of these barriers still present? _____

Have you ever used personal training in the past? Yes No

If Yes: How was your experience? _____

When were you in the best shape of your life? _____

What were you doing at that time to be in the best shape of your life? _____

Who is your support system? Will they support you in achieving your goals? _____

Regarding fitness programs, what have you allocated to invest in your fitness goals on a per session basis? \$ _____

What days/times do you anticipate that you will be using the studio? _____

Staff Name and Title: _____ **Date:** ____/____/____

I (the "Client") voluntarily desire to participate in physical exercise training classes conducted on behalf of QIG Fitness Waltham, LLC d/b/a Orangetheory Fitness (the "Studio") at the studio located at 500 Totten Pond Rd, Waltham, MA 02451 (the "Facility") and understand agree to the following:

1. The Studio and Facility are independently owned and operated entities. The Studio and Facility are not operated by Ultimate Fitness Holdings, LLC or Ultimate Fitness Group, LLC. Client is completing this form for the Studio and/or Facility as independently owned and operated entities.
2. 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.
3. 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, stroke, or even death. The reaction of the cardiovascular system to such activity cannot be predicted with complete accuracy. Further, there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I fully understanding the risks associated with this exercise program, including the risks of bodily injury, heart attack, stroke or even death.
4. 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.
5. The studio wants you to come to class fully prepared for strenuous activity. Accordingly, enclosed running shoes, athletic shorts/pants, an athletic top, towel and water bottle are required. We reserve the right to refuse you entrance into the Studio if you are in our sole discretion not properly attired or otherwise equipped.
6. Individuals between the ages of 14-15 must be accompanied by a parent or legal guardian in the workout at all times. Individuals between the ages of 16-17 are permitted to work out without parental supervision or accompaniment. Individuals 18 and above are considered adults and fully responsible for themselves.
7. **Waiver and Release of Liability.** Client has been informed that any fitness program includes possible risks and all exercises and use of the Studio's or Facility's equipment, furniture, and/or amenities, shall be undertaken at Client's sole risk and discretion. Client assumes full responsibility for any and all damages, injuries or losses including without limitation, those damages from acts of *passive or active negligence* on the part of the Studio, the Facility, the Studio instructors, officers, directors, employees, or agents (collectively, "Studio Parties"). Client hereby waives all claims against the Studio Parties and/or any successor assigns 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 forever 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 Parties 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 or use of the Studio's or Facility's equipment, furniture, and/or amenities that Client voluntarily participates, including without limitation, attorney's fees, costs, and expenses of any litigation, arbitration or other proceeding. Client acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.
8. **Confidentiality and Use of Information.** Client hereby expressly grant to each of the Studio parties and/or their successor assigns the right to use any information gathered as a result of this form and otherwise from Client's participation in the exercise programs offered by the Studio at the Facility that is not personally identifiable to Client (i.e., does not identify Client's person or provide facts which could lead to Client's identification) for any purpose, including without limitation, research, product and program improvements and statistical purposes.

8 Hour Cancellation Policy:

The Studio enforces a strict 8 Hour Late Cancel Policy. If you have reserved your place in an Orangetheory class at the Studio and fail to cancel 8 hours in advance, by signing below, you hereby authorize us to charge your credit card on file the then current late cancel fee that applies when a class is cancelled during such 8 hour window or is not cancelled at all.

Late Arrival Policy:

The Studio enforces a strict Late Arrival & Forfeiture Policy. You must arrive within 5 minutes of the scheduled class start time or you will forfeit your spot. By signing below, you hereby authorize use to charge your credit card on file the then current forfeiture fee.

OTbeat Wearable Policy:

By signing below, you hereby authorize the Studio to charge your credit card on file the then current retail price of the OTbeat Wearable the Studio provided to be utilized for OTbeat training, if borrowed and such item was not returned.



Client Initials

Select Studio Surcharge:

Select Studios are subject to higher pricing than our standard rates. A visit surcharge will be processed for services received at Select Studios. See studio for details

INQUIRIES AND FREEDOM OF CONSENT: Client acknowledges and agrees that Client has been given an opportunity to ask questions and has read this form, fully understands its terms, understands that Client has given up substantial rights by signing it, and signs it freely and voluntarily, without inducement.

I AM AT LEAST 18 YEARS OF AGE AND HAVE READ THE ABOVE STATEMENT AND UNDERSTAND AND AGREE TO THE CONDITIONS:

Client's Signature:

Date:

Parent/Guardian's Signature:

Date:

(if client is under age of 18)

Staff Signature:

Date:

Staff Use:

- Phone Number and Email
- Credit Card on File
- Alert Set - if needed

- Scheduled Intro Class (Date and Time Verified in CL)
- CI Info entered into Profile (address, emergency, etc)
- Intro Email Sent
- Entered in OTBeat

- Intro CL - Confirmed
- * Asterisk next to name when confirmed and ready to receive visit
- IF RESCHEDULE - new CL with F/U