B. LILLY STRENGTH & LONGEVITY

CLIENT HEALTH INTAKE & LIABILITY WAIVER

Please complete all sections fully and accurately before your first session

SECTION 1 — PERSONAL INFORMATION

First Name	Last Name	Date of Birth

Email Address	Mobile Phone

Home Address (Street, City, State, Zip)

Occupation / Employer	Work Phone (optional)

EMERGENCY CONTACT

Emergency Contact Name	Relationship	Emergency Contact Phone

SECTION 2 — HEALTH HISTORY & MEDICAL CLEARANCE

Please answer all questions honestly. This information is used to design a safe and appropriate program for you. All information is confidential.

Name of Primary Care Physician	**Physician Phone Number**

PHYSICIAN CLEARANCE NOTE

If you answered YES to any of the questions below, or if you have been inactive for more than 12 months, we recommend obtaining physician clearance before beginning this program. This form does not replace medical advice.

PHYSICAL ACTIVITY READINESS QUESTIONS (PAR-Q)

Has a doctor ever said that you have a heart condition, and that you should only do physical activity recommended by a doctor?	☐ YES	☐ NO
Do you feel pain in your chest when you do physical activity?	☐ YES	☐ NO
In the past month, have you had chest pain when you were not doing physical activity?	☐ YES	☐ NO
Do you lose your balance because of dizziness or do you ever lose consciousness?	☐ YES	☐ NO
Do you have a bone or joint problem (for example, back, knee, hip) that could be made worse by a change in your physical activity?	☐ YES	☐ NO
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	☐ YES	☐ NO
Do you know of any other reason why you should not do physical activity?	☐ YES	☐ NO

MEDICAL CONDITIONS — Please check all that apply:

☐ Heart disease / cardiovascular condition ☐ High blood pressure (hypertension) ☐ High cholesterol ☐ Type 1 or Type 2 Diabetes ☐ Thyroid disorder ☐ Asthma or respiratory condition ☐ COPD or chronic breathing issue	☐ Osteoporosis or osteopenia ☐ Arthritis (osteo or rheumatoid) ☐ Fibromyalgia or chronic pain ☐ Herniated or bulging disc ☐ Scoliosis or spinal condition ☐ Prior stroke or TIA ☐ Cancer (current or within 5 years)	☐ Anxiety or depression ☐ Peripheral neuropathy ☐ Balance disorder or vertigo ☐ Lymphedema ☐ Chronic fatigue syndrome ☐ Eating disorder (current or history) ☐ Other: _____

Previous surgeries, fractures, or significant injuries (include location, year, and outcome):

Current medications (list all, including supplements):

Known allergies (food, environmental, latex, etc.):

SECTION 3 — CURRENT FITNESS & LIFESTYLE

Current Physical Activity Level:

☐ Sedentary (minimal exercise)	☐ Lightly Active (1–2x/week)	☐ Moderately Active (3–4x/week)	☐ Very Active (5+ x/week)

How long have you exercised regularly?

Primary exercise activities (e.g. walking, gym)

Preferred training days/times

Average hours of sleep per night

Stress level (1 = low, 10 = high): ___/10

Describe your typical daily nutrition / eating habits:

Are you currently working with another trainer, coach, or physical therapist?	☐ YES	☐ NO
Have you experienced any exercise-related injuries in the past 12 months?	☐ YES	☐ NO

If yes, please describe:

SECTION 4 — GOALS & EXPECTATIONS

Primary Goals — check all that apply:

☐ Build strength ☐ Improve mobility and flexibility ☐ Lose body fat / improve body composition ☐ Improve cardiovascular fitness ☐ Reduce chronic pain or manage condition ☐ Improve balance and coordination	☐ Increase energy and reduce fatigue ☐ Maintain independence as I age ☐ Improve posture ☐ Train for a specific event or goal ☐ Improve athletic performance ☐ Other: _____

Describe your #1 goal in your own words — what does success look like at the end of 12 weeks?

Is there anything specific you want to be able to DO that you currently cannot? (climb stairs more easily, carry grandchildren, play sports, etc.)

What motivated you to begin training now?

Any concerns about starting this program?

SECTION 5 — ASSUMPTION OF RISK & LIABILITY WAIVER

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING.

ASSUMPTION OF RISK

I, the undersigned, acknowledge and agree to the following:

1. I understand that physical exercise, including strength training, cardiovascular conditioning, flexibility training, and all other activities associated with the B. Lilly Strength & Longevity program, involves a risk of injury, including but not limited to: muscle strains, ligament sprains, joint injuries, cardiovascular events, falls, and in rare circumstances, death.
2. I acknowledge that these risks exist even when exercises are performed correctly and under professional supervision.
3. I voluntarily assume all risks of injury, illness, or other adverse outcomes that may result from my participation in training sessions with B. Lilly Strength & Longevity, whether supervised or unsupervised.
4. I have disclosed all known medical conditions, health history, medications, and physical limitations on this form. I understand that failure to disclose material health information may increase the risk of injury and releases B. Lilly Strength & Longevity from liability arising from undisclosed conditions.
5. I have been advised to seek, and I have had the opportunity to seek, medical clearance prior to beginning this program.

RELEASE OF LIABILITY

In consideration of being permitted to participate in training services provided by B. Lilly Strength & Longevity ("the Trainer"), I agree to the following:

6. I hereby release, waive, discharge, and covenant not to sue B. Lilly Strength & Longevity, its owner, employees, agents, and assigns from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Trainer or otherwise, while participating in any training activity.
7. I agree to indemnify and hold harmless the Trainer from any loss, liability, damage, or cost that may be incurred due to my participation in training, whether caused by negligence or otherwise.
8. I certify that I have been advised of the risks associated with physical exercise, that I have disclosed all known health conditions, and that I am voluntarily choosing to participate in this program.
9. This release is intended to be as broad and inclusive as is permitted by the law of the State of Texas. If any portion is held invalid, I agree that the balance of the release shall continue in full legal force and effect.
10. I agree that any dispute arising from my participation in B. Lilly Strength & Longevity's training services shall be subject to binding arbitration under the rules of the American Arbitration Association, in Dallas County, Texas.

PHOTO / VIDEO CONSENT

I consent to being photographed or recorded during training sessions for the purpose of B. Lilly Strength & Longevity's professional and marketing materials.	☐ YES	☐ NO
I consent to my transformation story and results being shared (with or without my name) for testimonial and marketing purposes.	☐ YES	☐ NO

If NO to either of the above, please specify any limitations: _____

CANCELLATION & RESCHEDULING POLICY

11. 24-hour advance notice is required for all cancellations or rescheduling requests. Sessions cancelled with less than 24 hours notice will be charged at the full session rate.

12. Emergency cancellations (illness, family emergency) will be considered on a case-by-case basis at the trainer's discretion.
13. Missed sessions (no-show without notice) are forfeited and will be charged at the full session rate.
14. Session packages expire 12 months from the date of purchase unless otherwise agreed in writing.

SECTION 6 — AGREEMENT & SIGNATURES

By signing below, I confirm that I have read, understood, and agree to all sections of this document. I confirm that all information I have provided is accurate and complete to the best of my knowledge.

Client Signature:	**Date:**
Printed Name:	**Session Package / Program Selected:**

Parent/Guardian Signature (if client is under 18):	**Trainer Signature:**

TRAINER USE ONLY — DO NOT COMPLETE BEFORE CLIENT SIGNING

Date Form Received	**Client ID / File Number**	**Program Start Date**

Movement Screen Completed: ☐ Yes ☐ No Date: _____	Physician Clearance Required: ☐ Yes ☐ No Received: _____	Client Cleared to Begin: ☐ Yes ☐ No Trainer Initials: _____

Trainer Notes / Restrictions / Modifications for this client:

B. Lilly Strength & Longevity • This document is confidential and is retained in the client's file • Not for redistribution