



## LET'S GET **STARTED**

**NAME** ..... **DATE** . . . / . . . / . . .  
**ADDRESS** .....  
**PHONE** (HOME) ..... (WORK) .....  
**EMAIL** .....  
**AGE** ..... **SEX** ..... M ..... F ..... **MARRIED** ..... Y ..... N ..... **HEALTH** ..... GOOD ..... FAIR ..... POOR

### **PHYSICAL LIMITATIONS**

..... NEUROLOGICAL ..... MUSCULAR  
..... CARDIOVASCULAR ..... OTHER  
..... PREGNANCY ..... INJURIES  
..... STRUCTURAL ..... RECENT OPERATIONS

### **GOALS & INTERESTS**

..... REDUCE BODY FAT ..... POST REHABILITATION  
..... INCREASE MUSCLE MASS ..... IMPROVE GENERAL HEALTH  
..... CARDIO CONDITIONING ..... IMPROVE ATHLETIC PERFORMANCE

The guest warrants that he/she is in good physical condition and has no disability, impairment or ailment which would be adversely affected by participation in a physical conditioning program or by use of the club's facilities or services. The guest shall participate in physical conditioning programs, and/or use any of the club's facilities, services or equipment at his/her own risk.

Eclipse Fitness, its agents or employees shall not be liable for loss, theft, or damage to the personal property of the guest.

The guest agrees to be bound by the Rules and Regulations established by the club.

.....  
**ECLIPSE REPRESENTATIVE**

.....  
**DISPOSITION**

.....  
**TIME**

.....  
**DAY**

.....  
**GUEST OF**

..... / ..... / .....  
**DATE**

.....  
**SIGNATURE OF GUEST (MUST BE AT LEAST 18 YEARS OF AGE)**