

Amanda Sterczyk Fitness

Personal Training, Group Fitness, Movement Coaching

Intake Form and Waiver

Name: _____ DOB: _____

Email address: _____ Cell: _____

The services to be provided by the coach to the client are online coaching, as designed jointly with the client.

The coach promises the client that all information provided to the coach will be kept strictly confidential.

How committed are you to achieving your goals? Very ____ Semi ____ Not Very ____

What do you think is the most important thing your coach can do to help you achieve your goals?

What obstacles do you feel may impede your progress toward accomplishing your goals? (eg, not behaving consistently, upcoming vacation, lack of social support; lack of motivation/willpower; shifting priorities, etc.)

Have you had any joint or muscle injuries and/or concerns? Please check all that apply and explain below.

- | | | |
|-------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Elbow | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist | <input type="checkbox"/> Arms |
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Hand | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Mid Back | <input type="checkbox"/> Hips | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Lower Back | <input type="checkbox"/> Knees | <input type="checkbox"/> Foot |

Consent, Release & Waiver (REQUIRED)

Thank you for choosing Amanda Sterczyk Fitness for your coaching needs. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following consent, release and waiver.

I, _____,

declare that I intend to use the coaching services of Amanda Sterczyk Fitness. I assume full responsibility during and after my participation in this coaching and for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

If at any time during the session, I feel discomfort or strain, I will stop the exercise and inform my coach. I understand that coaching is not a substitute for medical attention, examination, diagnosis or treatment. I know the importance of consulting a physician prior to beginning any physically active program, including movement coaching. I recognize that it is my responsibility to notify my coach of any serious illness or injury before every session. I will not perform any exercises or movements to the extent of strain or pain. I accept that the coach is not liable for any injury, or damages, to person or property, resulting from the sessions. I hereby assume all risks connected therewith and consent to participate in said program.

I will respect the proprietary nature of the movement coaching and will not share documents or the strategies and techniques with others.

I declare that I have read, understood and agreed to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

BY TYPING YOUR NAME IN THE SIGNATURE LINE AND THE DECLARATION LINE AT THE TOP OF THIS PAGE, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS WAIVER AND AGREE TO IT.

Signature

Date

*Individuals under 18 years of age must have this form signed by a parent or guardian.