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**“Clark Drury, Foundation Training Instructor”  
NEW CLIENT INTAKE FORM**

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Participant Name \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Emergency Contact (*In case of emergency, please contact*) \_\_\_\_\_ Phone Number \_\_\_\_\_

How would you prefer to be contacted? Phone  Email  Other

**Physical Readiness Questionnaire**

- Yes No Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?
  
- Yes No Do you feel pain in your chest when you perform physical activity?
  
- Yes No In the past month, have you had chest pain when you were not performing any 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 that could be made worse by a change in your physical activity?
  
- Yes No Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?
  
- Yes No Do you know of any other reason why you should not engage in physical activity?

*If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

What is your current occupation?

Does your current daily routine required prolonged sitting?

Does your daily routine involve repetitive movements? If yes, please describe:

Describe any current or previous episodes of pain or injury:

**RELEASE AND WAIVER OF LIABILITY  
ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

The undersigned participant (hereinafter "PARTICIPANT") in a training program, physical program, exercise program, class, or any other event (hereinafter collectively 'TRAINING') sponsored and/or conducted by, or on behalf of, Clark Drury, Foundation Training Instructor, its officers, directors, employees, related companies, successors, assigns, independent contractors, and/or training instructors (hereinafter collectively "PROVIDER"), will participate, now or in the future, in said TRAINING, including, but not limited to, engaging in physical activity and exercise associated with the TRAINING and utilizing equipment, instruction, services, facilities, and premises that are part of the TRAINING, entirely and expressly **at PARTICIPANT'S own risk**. Further, in express consideration for being permitted to participate in said TRAINING, the undersigned PARTICIPANT, on behalf of herself or himself, and all successors, heirs and assigns, **agrees to completely and forever indemnify, release and hold harmless PROVIDER from any and all liability for injury, death, damages or losses of any type to PARTICIPANT and/or the personal property of the PARTICIPANT, and any claim, demand, lawsuit, injury, or damage of whatever type or nature** (hereinafter collectively "CLAIM"), **even if caused by acts or omissions, including but not limited to the passive or active negligence, of PROVIDER**. The undersigned PARTICIPANT further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT (hereinafter "RELEASE OF LIABILITY") is intended to be as broad and inclusive as permitted by law, and that if any portions of this RELEASE OF LIABILITY are found invalid for any reason, agrees that the balance shall, notwithstanding, continue in full legal force and effect. Further, PARTICIPANT and PROVIDER expressly agree that California law shall apply to any CLAIM arising from the TRAINING and that any lawsuit arising from a CLAIM shall be venued in Canada. **By signing below PARTICIPANT agrees that PARTICIPANT has read, understood and found acceptable this RELEASE OF LIABILITY, and that PARTICIPANT, or an authorized agent on his or her behalf, expressly agrees that PARTICIPANT is bound by this RELEASE OF LIABILITY.**

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Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Participant – Please Print

\_\_\_\_\_  
Signature of Participant