



Rachel Rettman - Fitness. Nutrition. Lifestyle. Client Intake Form

Name _____ Birth Date _____

Address _____

Phone _____ Cell Phone _____

Email _____

How did you hear about Rachel Rettman - Fitness. Nutrition. Lifestyle?

Please outline some goals you hope to accomplish through your training at RR - F.N.L -

Please briefly describe any pertinent health history, injuries or physical limitations that might affect your training at RR - F.N.L -

Release of Liability

By signing this waiver, I _____, agree to be legally bound to hold harmless and release Rachel Rettman from any responsibility or liability arising from the pain or injury which I might sustain through my work/class/exercise demo/training/consultation with Rachel Rettman. I also hereby attest that I have consulted and obtained permission from a physician (including but not specific to orthopedist, physical therapist, chiropractor, general practitioner, surgeon, osteopath, naturopath) to engage in physical exercise. By signing this waiver, I _____, assume all risk and responsibility for my own physical health.

Client Signature

Date

Co-Sign if Minor

Initial here _____ to acknowledge that payment in full is due for missed sessions; 24 hr. cancellation required for all equipment/consultation sessions, 4 hr. cancellation required for all mat class sessions.