



Burn365 Fitness Inc. Intake Form

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____ OCCUPATION: _____

BIRTHDAY: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

Referred by:

Web Instagram Facebook Twitter Burn365 Member/Other: _____

Exercise experience:

Yoga Hot Yoga Pilates Hot Pilates TRX
 HIIT Zumba Barre Hip Hop Other: _____

How often you exercise:

Daily Weekly Monthly Other: _____

Your current fitness level:

Very inactive Fairly inactive Average Fairly active Very active

What you want to achieve:

Strength training Flexibility Stress relief Address health concern Alternative therapy

Improve fitness Weight management Well being Injury rehabilitation

Other: _____

On a scale of 1-10 (1 is lowest, 10 is highest), how would you rate your stress level?

1 2 3 4 5 6 7 8 9 10



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Please review this list and select those conditions that have affected your health either recently or in the past.

- Broken/dislocated bones Diabetes Type 1 or 2 Muscle strain/sprain
- High/low blood pressure Surgery Arthritis Insomnia Seizures Disc problems
- Anxiety/depression Stroke Scoliosis Back problems Asthma/ short breath
- Cancer Osteoporosis Heart condition/Chest pain Numbness, tingling anywhere
- Auto-immune condition (AIDS, fibromyalgia, chronic fatigue, lupus, etc)
- Other: _____

If any of the information on this form needs further detail, or if there is anything else to share, please do so:

Please read the following information and accept below by signing:

- I acknowledge that the instruction offered by Burn365 Fitness Inc. is limited to that of instruction in fitness training including, but not limited to, Yoga, Hot Yoga, Pilates, Hot Pilates, Barre, Hot Barre, Zumba, Various Dance/Cardio Exercises, and High Intensity Interval Training (HIIT).
- I acknowledge that there are risks associated with participation in the activities and programs offered or sponsored by Burn365 Fitness Inc. I have informed myself and understand the risks associated with my participation in these activities and programs and (where applicable) my use of the facilities, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the activities and programs offered or sponsored by Burn365 Fitness Inc. at any time.
- Burn365 Fitness shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session. I agree to the Terms and Conditions as stipulated by Burn365 Fitness, including the cancellation policy.

I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue. I am signing this document voluntarily.

Participant Signature: _____ **Date:** _____

If the participant is under the age of 18 years:

As legal guardian of (print name): _____ I consent to stated conditions and terms.

Signature of Parent/Guardian: _____ **Date:** _____