Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

☐ I agree to these terms.

Do you regularly exercise now? *

☐ Yes ☐ No

If yes, how often? If no, when was the last time?

Do you have back pain, knee pain , shoulder pain? *

☐ Yes ☐ No

If yes, please explain

Do you have high blood pressure? *

☐ Yes ☐ No

Are you epileptic or prone to seizures? *

☐ Yes ☐ No

Do you have a cardiac condition? *

☐ Yes ☐ No

Do you have asthma? *

☐ Yes ☐ No

Do you have diabetes? *

☐ Yes ☐ No

Do you drink eight glasses of water per day? *

☐ Yes ☐ No

Sign your name below:

Please read the Electronic Records and Signature Disclosure

☐ I agree to use electronic records and signatures