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 las	t time?		
Do you have back pain, knee pain , shoulde	er pain? *		
☐ Yes ☐ No			
If yes, please explain			
De very have high blood massage? *			
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			
LIE LINO			
Do you drink eight glasses of water per day	<i>ı</i> ? ∗		
Yes No	, -		

Please read the <u>Electronic Records and Signature Disclosure</u>

☐ agree to use electronic records and signatures