

RELEASE

You acknowledge that there is a risk associated with participating in fitness activities (including stretching and strengthening exercise). Your participation in the Program is completely voluntary and you acknowledge that you are assuming all the risks of injury to yourself or others including any illness or medical condition. No part of the Tarodo Program should be considered a medical diagnosis. Please raise any concerns about starting an exercise or fitness program with your physician before starting. You agree on your own behalf (and on behalf of your personal representatives, heirs, estate trustees or assigns) to a) release, indemnify and discharge Tarodo Incorporated, Taro Kurita and its/his officers, directors, agents, employees or independent contractors, from any and all claims or causes of action (known or unknown) which you may have arising out of our negligence, including the negligence of our staff, agents or representatives, and b) to indemnify and save us harmless from any and all claims or causes of action (known or unknown) brought against us by any party raising out of your actions, including your negligence, while at the training facility or participating in the Program, whether at the training facility, your residence or elsewhere.

NAME OF PARTICIPANT
(please print)

SIGNATURE OF PARTICIPANT

DATE

ABOUT YOU

1 What has motivated the decision to begin a formal exercise program?

2 Do you have specific health goals? YES _____ NO _____

- NO skip to question 3
- YES rate each category on a scale of 1-5 (5 means highest priority)

Metabolic Health (1-5) _____ Brain and NS (1-5) _____

Bone Density (1-5) _____ Mental Health (1-5) _____

Posture/Joint (1-5) _____

3 Do you have specific aesthetic goals? YES _____ NO _____
- NO skip to question 4

Waist (1-5) _____ Arms and Forearms (1-5) _____

Buttocks (1-5) _____ Neck and Traps (1-5) _____

Upper Back/Chest (1-5) _____ Thighs and Calves (1-5) _____

4 Do you have specific functional goals? YES _____ NO _____

Sport (1-5) _____ General Mobility (1-5) _____

Work (1-5) _____

Home (1-5) _____

