



FITNESS ANALYSIS

NAME	AGE
PHONE NUMBER	E-MAIL
OCCUPATION/COMPANY	[] ACTIVE [] SEDENTARY
HOW DID YOU HEAR ABOUT LA FITNESS? [] MAILER [] WEBSITE [] E-MAIL [] DRIVE BY [] FRIEND	
WHO IS THE REFERRING MEMBER?	

The mission of LA Fitness® is to help as many people as possible achieve the benefits of a healthy lifestyle. To fulfill this mission, we will create a nationwide network of sports clubs, offering our members the widest range of amenities and the friendliest service at an affordable price.

- Why did you decide to come in today?
- Is there something happening in your life that you want to look or feel particularly good for?
- What else do you want to accomplish in terms of your health? (Please circle all that apply)
Weight loss / Weight gain / Tone & Firm / Reduce Stress / Other: _____
What particular area(s) would you like to target for improvement? _____
- How long have you been thinking about beginning or getting back on a regular fitness program? _____
During that time, what's kept you from getting started today? _____
Is it better now? _____
- Have you thought about how much time you are willing to commit to exercising in order to reach your goals?
- Who will be supporting your efforts to achieve your goals? _____
- Do you have any poor health habits you'd like to change? _____
- When was the last time you were in the shape you want to be in? _____
What dress/pants size were you in then? _____ How did you feel? _____
- Do you have a family History of: (Please circle all that apply)
Diabetes / Stroke / Heart Disease / High Blood Pressure / High Cholesterol / Anxiety / Depression

GUEST ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

I, the undersigned, do hereby acknowledge that use of LA Fitness's facilities, services, equipment or premises involves risk of injury to my person and my property, and that as a condition to use of the facility, I assume full responsibility for such risks. I hereby release and hold harmless LA Fitness, its agents, related entities and employees, from all liability to me, my heirs and assigns for any loss or damage to me, and forever give up any claims therefore on account of injury to my person or property whether caused by the active or passive negligence of LA Fitness.

GUEST SIGNATURE: _____

DATE: _____

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PRELIMINARY FITNESS ASSESSMENT - MEASURE YOUR PROGRESS

NAME	DATE																				
RESTING HEART RATE:	MY RESULTS FOLLOW UP DATE:																				
BODY FAT WORKSHEET																					
Current Weight	(A) _____																				
Body Fat %	(B) _____																				
Pounds of Body Fat	(C) _____ (A x B)																				
Pounds of Lean Body Weight	(D) _____ (A - C)																				
Goal Body Fat %	(E) _____ from Rating Scale below																				
Goal Weight	(F) _____ (D) divided by (100% - E)																				
Pounds of Body Fat to Lose	(G) _____ (A - F)																				
Number of Weeks to Lose	(H) _____ (G) divided by 1 or 2 (to be determined)																				
Goal Date	(I) _____																				
BODY FAT RATING SCALE																					
Source: National Institutes of Health (Maximum percentage to fall within the guidelines)																					
MALE - AGE											FEMALE - AGE										
	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+		19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+		
Risky	< 6%									Risky	< 11%										
Excellent	11%	13%	15%	16%	18%	19%	20%	20%	20%	Excellent	19%	19%	20%	21%	23%	24%	27%	27%	28%		
Good	15%	17%	18%	19%	21%	22%	23%	23%	24%	Good	22%	22%	23%	24%	26%	27%	30%	31%	31%		
Fair	19%	20%	22%	23%	24%	25%	26%	26%	27%	Fair	25%	25%	26%	28%	29%	31%	33%	34%	34%		
Poor	23%	24%	25%	26%	27%	28%	29%	29%	30%	Poor	30%	30%	31%	32%	33%	34%	36%	37%	38%		
Very Poor	>23%	>24%	>25%	>26%	>27%	>28%	>29%	>29%	>30%	Very Poor	>30%	>30%	>31%	>32%	>33%	>34%	>36%	>37%	>38%		

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