



Z hcf rp h#G ldp rggv#k lv#djh#lv#ru# rx#😊#

#

I#p #X SHU #f lhg#r#k dyh# rx#k h#h#DR Y H#k d#l q j #k h#q r z d g j h#f i t x l h#z l k #r x#H#S d#d v h#f j h y h u#h h q#d#z x h v#w r q#v#
v#l#A#k d#v#q r w#d#k l j j#D v n#p h#d q |w k l j j#d q |#d p h#d#j g r q#v#k dyh#k h#d q v z h u#f#z l#d j j#r#l q g#x v#r u#k h#e r w k#z i#k v#
d i v h#d#q r z d g j h#v#e r z h u#f#h v#S##

D w#G ldp rgg#v w h q j w k#l l q h v v#z h#g r q#v#r q h d#A#k l v#z r u g#z d v#r q d#d g g h g#r#k h#h j f w r q d u |h h f h q w d |A#r#d u j h w#k r v h#k d w#
w k l q n#d i w l q j#z h l j k w#z l#d p d n h#r x#p x v f x d u#K h u h#d w#z h#j h w#h d q#d q g#z x l g#p x v f d#z k d w h y h u#l j#h#r x#z d q w#

J l y h#p h#k u h#p r q w k v#p l q p x p #A#33 (#i i r u#d q g#f r q w r d#z k d w#r x#d w#d q g#z l#k h c s#l r x#j h w#k h#h v x o w#l r x#j h g#H#k d y h#
i x q#z l k#r r g#A#u |#r#d w#j r r g#8 (#d q g#z l n#A#8 (#H#j h p e h u#f h s u l y d w r q#f d x v h v#e l q j l q j #Q H Y H U #d w#k q g h u#A#533#f d a r u l v#
x q d v v#l r x#z d q w#r#k d q j#z q#r#k h#k#o i#j#r x#k d y h#W#r#j h w#k h#x#e h q h i l w#z i#h {h u f l v h#d l p #r u#h#83#p l q x w v#r#i#p r g h u d w h#
d h u r e l#f l f w y l#w#u#8#p l q x w v#r#i#j l r u r x v#f l f w y l#w#z h h n d |#r u#y h q#d#f r p e l q d w r q#z i#e r w k#W#k h#p r u h#p x v f d#l r x#k d y h#z q#
|r x u#e r g |#k h#p r u h#f d a r u l v#l r x#z x u#z k l h#h v w l q j#z h l j k w#u l q l q j#z i#d q |#l q g#f#r#z#p h v#z h h n d#d w#p l q p x p #v#k h#
e h v#E k r l f h#r u#k h d o k |#e r q h v#f k r r v h#l r x u#z z q#l}h#z h l j k w#r#k v h#A#h p h p e h u#z r p h q#r#r#r w#j h w#e l j#p x v f d v#d h#p h q#
e |#j d w u h#D o v r#h h s#d q#p l q g#l#j#r x#k u h#q r w#h h d q j#E k d o h q j h g#z l k#k h#z h l j k w#l r x#k u h#k v l q j#A#r x u#e r g |#z l#d q r w#E k d q j h#
j r#k s#r q h#l}h#d q#p x p e e h o v#z h l j k w#e d w v#r#u#z h l j k w#g#e d u##

H d u q#f u g l w#r z d u g v#k l w#A#j l i w#E h u i l f d w v#A#y h q#h g x f h g#p r q w d |g x h v#D#l h#d u r x q g#k h#k r d g d |v#z k h q#l r x#z d q w#r#
z r u n r x w#e x w#j h g#j l i w#p r q h |#

- Z u h#d#h y l h z#q#j r r j d#d q g#G l p r q g I l q h v v S d u p d#e r w k#d u q#f#s r l q w#
- U h i h#d p l A#u l h g g v#A#y h q#w u d q j h u v#A#d y h#k h p#p h q w r q#l r x u#d p h#d q g#d u q#f#s r l q w#
- S d v v#x w#q#h u v 2 d u g v#A#x w#l r x u#d p h#q#w#z k h q#r p r h q h#f r p h v#d q#z l k#w#h d u q#f#s r l q w#
- E l w k g d /U#A#r x u#d q g l y h v d u l#z l k#G l p r q g#v w h q j w k#U#d q g l y h v d u l#A#d u q#f#s r l q w#
- G l p r q g#v w h q j w k#U#z l w k g d /A#v#p d u f k#9#A#34<#A#d u q#f#s r l q w#

F d q f h d w r q#s r d f |#53#d |v#U#r w f h#s d n d v h#W#r u l |A#r#h i x q g v#A#j#l r x#f d q q r w#p d n h#w#l i w u#p r q w d |#d |p h q w#k d v#e h h q#
p d g h#H#E d q#k r o g#l r x u#f f r x q w#r u#d#d w u#p d w h#d q v w d g#H#R q h#k r o g#v#l#e o r z h g#r u#y h u l#k k u h#p r q w k#h u l g#d#j#r x#l j q h g#k s#
i r u#v l {#r u#p r u h#p r q w k v#H#

S d |p h q w#E d q#e h#q#h f x u l q j#j#l r x#z r x o g#d h#r#h d y h#l r x u#f d u g#r#q#l h#
Q X W U I W I R Q #s h u i r p#e r g |#f r p s r v l w r q#h v w l q j#d q g#j h v d u |#d v v h v p h q w#A#d f x o d w#f d a r u l f#j h g v#A#h d f k#l r x#k h#s r z h u#
v |v w p#z#i#p d f u r v#S u r w l q#A#d u e v#p#d w#d q g#k r z#r#f d f x o d w#k h p#A#y d o d w h#l r x u#d w l q j#s o d q#d q g#s u r y l j h#j h q h u d#
j x l q d q f h#s r u l r q#l}h#f r q w r o#p#l v f x v v#k h#s u r v#d q g#f r q v#z i#y d u l r x v#j l w#A#h d f k#l r x#k h#k h d o k#e h q h i l w#z i#y d u l r x v#i r r g#
j u r x s v#A#r z#r#h d g#H#r r g#d e h a v#A#j l v s h d q x w l w r q#p |w k v#d q g#d o d f l v#A#h d f k#l r x#k r z#r#q d y l j d w h#j u r f h u l#v w u h#d q g#p r v w#
r i#d o#p s u r y l q j#l r x u#e r y h#z l k#r r g#H#

Z d o n 0 l q y Z r u n r x w#p r q#k u x#N k x##=33#p #r#7=33#p #
#####I u l#####;=33#p #r#8=63#p #
#####d#####k=33#p #r#5=33#p #

J u r x s#f o i v v#p r q#k u x#N k x##=78#p #r#8=78#p # #p=33#p #r#e=33#p #
#####p r q# #z h g###f d u g l r 2 f r u h#d#d q#f d u g l r#d q g#y h u l#w k l j j#q#k h#p l g g d#f k h v w#d e v#A#d f n#d q g#e x w#
#####p r q g d |#p=33#p r u h#f o i v v#z l k#p h# #p=63#p x p e d#z l k#s d w#l#k s v w d l v#d w#f#k d u r w h#E u d x q#
#####W x h# #N k x##z h l j k w d i w l q j#A#l w k h u#r o r z#f l o r q j#r u#f l u f x l w#w#d#
#####v d w#A#3=63#p #r#A#4=63#p #d#d q#w k l j#p r h v#d#l#
#####r p l q j#r r r q y E r g |e x l g l q j#r u#x q#z k h q#l r x#z d q w#p r u h#k d q#k v w#d#d p x v f d#e x w#g r q#v#z d q w#r#e h#d#s u r#

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DIAMOND STRENGTH FITNESS
MEMBERSHIP AGREEMENT

Date: _____
Member's Name: _____ Phone: _____ Shirt size: _____

Age: _____ Address: _____

Date of Birth: _____ Emergency contact name & number: _____

1. This Membership Agreement between Member, listed, above, and **Diamond Strength Fitness** is on a 6 -month basis at the initial dues rate of \$_____ per month.

Add on you can include: Nutrition accountability \$25.00 Month

Walk-in... Workout \$10

Written workout \$25.00 for first one and \$10 only when it's change it.

Membership dues are paid the first week of the moth. When signing up after the first week of the month, the first month will be prorated, this will enable you to be due for a full payment the first week of the month.

2. Member agrees to keep and obey all rules and regulations now in force or in the future prescribed by the Studio, for the use of the Studio training facilities, premises, and equipment therein, and the Studio reserves the right to revoke this membership for cause if Member fails to keep and obey any of such rules and regulations, or for reasons of nuisance, disturbance or other members or staff, moral turpitude or fraud.

- a. Always considering other members' rights and privileges while in training;
- b. Always paying membership dues on or before the 15th of each month - or pay a late fee;
- c. Always following directions on the proper use of the training equipment and asking for directions when necessary;
- d. Never dropping dumbbells or barbells on the floor.
- e. Always disposing of trash in the proper places.
- f. Always treating members and studio with fullest respect and courtesy at all times.
- g. Always accepting fullest responsibility for any damage done to equipment due to his misuse of the equipment.

3. Without limiting the Studio's ability to terminate this membership for cause, the Studio may terminate this membership for any reason at the end of any given month. If the Studio elects to so terminate, the Studio will refund a prorated portion of any dues applicable to future month(s).

4. It is expressly understood and agreed that this contract is not assignable or transferrable by Member and no rights or privileges granted by this membership can be transferred or assigned by Member.

5. It is further agreed that all exercises including the use of weights, number of repetitions, and use of any and all machinery, equipment, and apparatus designed for exercising and the use of the Studio's premises and facilities shall be at the Member's sole risk. Notwithstanding any consultation on exercise programs which may be provided by Studio employees or agents, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be Member's entire responsibility, and the Studio shall not be liable to Member or Member's family for any claims, demands, injuries, damages, or actions arising due to injury to Member's person or property arising out of or in connection with the use by Member of the services and facilities of the Studio or the premises where the same is located. If Member brings any personal property onto the premises of the Studio or onto the Studio 's parking area, Member takes such action at Member's sole risk. It is hereby understood that the Studio is not responsible in any way for damage to or loss of any personal property which Member brings onto the premises of the Studio or onto the Studio's parking area, including but not limited to, losses due to theft, damage, or car accident. Member hereby holds the Studio, its successors, assigns, owners, officers, directors, employees, and agents harmless from all claims which may be brought against them by Member, on Member's behalf, by Member's family, and Member's executors, administrators, and personal representatives for any such injuries or claims aforesaid and Member for himself and on behalf of his family, executors, administrators, and personal representatives does hereby forever release and discharge the Studio, its successors, assigns, owners, officers, directors, employees, and agents from all claims, demands, injuries, damages, actions, losses and expenses. This section will survive any cancellation of this Agreement.

(1) NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT UNTIL YOU READ IT OR IF IT CONTAINS BLANK SPACES.

(2) IF YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER OF THIS GYM, YOU MAY CANCEL THIS CONTRACT COMING IN AND CANCELING IN PERSON ONLY.

(3) IF A MEMBER DIES OR BECOMES TOTALLY AND PERMANENTLY DISABLED AFTER THE DATE THIS CONTRACT TAKES EFFECT, FAMILY MEMBER OR YOU MAY CANCEL THIS CONTRACT AND RECEIVE A PARTIAL REFUND OF YOUR UNUSED MEMBERSHIP FEE BY MAILING OR COMING IN WITH A NOTICE TO THE STUDIO STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE STUDIO MAY REQUIRE PROOF OF DISABILITY OR DEATH. THE WRITTEN NOTICE MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

6690 Pearl Rd. Parma Hts., OH 44134

MEMBER ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS AGREEMENT EXECUTED BY BOTH STUDIO AND MEMBER AND ACKNOWLEDGES THE AGREEMENT TERMS.

Signed by Member

Date

Diamond Strength Fitness Representative

Date

Fitness Services Waiver

I, hereby agree that by signing this document, I consent to waive certain legal rights, including the right to sue the following party, and, if applicable, its owners, trainers, representatives, and facilities from any physical, material, tangible or intangible, loss or damages that may happen to me during my participation in any of the fitness services (hereinafter, "Fitness Services") undertaken while under their instruction or thereafter: Diamond Strength Fitness (the "Fitness Provider").

I will be voluntarily participating in the Fitness Services that will be conducted by the Fitness Provider. These Fitness Services will include, but not be limited to the following: Strength training - Cardio - HIIT - Core and more.

My initials below indicate that I agree with and understand the following:

_____ It is my responsibility to consult a physician before participating in this or any fitness program and I affirm that I have no medical conditions that would restrict me from participating in any of the Fitness Services.

_____ I agree to hold Diamond Strength Fitness, and if applicable, its owners, trainers, and representatives, harmless from any damage, whether tangible or intangible, that may happen to me while participating in the Fitness Services. Such injuries may include, but are not limited to, muscle strains, muscle sprains, muscle spasms, heart attacks, raised blood pressure, and broken, fractured, or dislocated bones.

_____ I agree that the Fitness Provider offers the Fitness Services with no guarantee of results. I agree that I am solely responsible to maintain the diet and fitness regime appropriate for my level of health and stamina, and I agree that any results that occur, whether positive or negative, are the effects of my own personal choices.

_____ I agree that participation in the Fitness Services is not a replacement for actual medical care, and that if I do experience medical issues, I will contact my doctor immediately.

_____ I agree and verify that all of the information that I have given the Fitness Provider and its representatives is accurate, up-to-date, and without the omission of any known medical issues.

_____ I agree and verify that If I have omitted any necessary personal information, whether knowingly or unknowingly, I will hold the Fitness Provider harmless against all liability for any damages that may occur to myself or to others because of my actions or inactions.

_____ I agree to keep the Fitness Provider apprised of any changes or upcoming changes concerning my physical health and personal information.

_____ I understand and agree that it is my responsibility to let the Fitness Provider know if I find myself in any pain or discomfort before, after, or during the Fitness Services.

_____ If I do require medical treatment or attention while or after participating in the Fitness Services, I agree that the medical costs are mine and mine alone and hold the Fitness Provider blameless from any charges, fees, or costs that my conditions may incur.

This Fitness Services Waiver will bind and be enforceable against me and all of my personal representatives. I agree that this Fitness Services Waiver should be enforceable to the fullest extent of the law, and if any portion is held invalid, the remainder should continue in full legal force and effect.

I specifically acknowledge and agree that this document is not intended to be a general release, which would be limited under some state and local laws. This Fitness Services Waiver shall be construed and interpreted as broadly as possible in the applicable jurisdiction.

ASSUMPTION OF RISK. I understand and am aware that my participation in the Fitness Services involves risks. These risks may lead to tangible or intangible harm, and I agree that they may result not only from my own actions but also from the actions of others. With the knowledge and understanding of these risks, I choose, of my own will and volition, to continue participating in the Fitness Services. I am also aware that there are risks that I may not have considered, yet I waive my right to any claims that may occur from these unconsidered risks and I choose, of my own will and volition, to participate in the Fitness Services.

COVENANT NOT TO SUE. I will not start any lawsuit or other court action against the Fitness Provider, nor will I join any such proceeding, including any claim for money damages. I acknowledge and agree that I am entering a covenant not to sue the Fitness Provider in any capacity, including to hold the Fitness Provider liable for any injury, loss, or damage sustained by me or my property, even if it is due to the Fitness Provider's negligence or omission. I also waive the right of any of my insurers' to make any such claim.

INDEMNIFICATION: I agree to defend and indemnify the Fitness Provider and any of its affiliates (if applicable) and hold them harmless against any and all legal claims and demands, including reasonable attorney's fees, which may arise from or relate to my use

or misuse of the Fitness Services or my conduct or actions. I agree that the Fitness Provider shall be able to select its own legal counsel and may participate in its own defense, if desired.

REPRESENTATION: I am over 18 (eighteen) years of age, I am medically and physically able to participate in the Fitness Services.

GOVERNING LAW: This Fitness Services Waiver shall be governed by and construed in accordance with the internal laws of Ohio without giving effect to any choice or conflict of law provision or rule. Each party irrevocably submits to the exclusive jurisdiction and venue of the federal and state courts located in the following county in any legal suit, action, or proceeding arising out of or based upon this Fitness Services Waiver: Cuyahoga.

I have read the above Fitness Services Waiver fully and I understand and agree to its contents. I understand and agree that by signing this Fitness Services Waiver I forfeit any right, claim, or ability to hold the Fitness Provider responsible for any tangible or intangible damages, loss of property, or loss of life that may occur during or after my use of the facilities and participation in the Fitness Services.

Client Name

Client Signature

Date

GENERAL & MEDICAL QUESTIONNAIRE

Occupational Questions		Yes	No
1	What is your current occupation? _____		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes, please explain.) _____		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		
Recreational Questions		Yes	No
6	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) _____ _____		
7	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____ _____		
Medical Questions		Yes	No
8	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____ _____		
9	Have you ever had any surgeries? (If yes, please explain.) _____ _____		
10	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
11	Are you currently taking any medication? (If yes, please list.) _____ _____ _____		

Data Collection Sheet

NAME: _____ DATE: _____

HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____

PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Overhead squat	Foot turns out	Knee inward	Knee outward	Forward lean
	Low back rounds	Arms fall forward	Low back arches	Foot flattens
	Heel Rises	Asymmetrical weight shift	Forward head	Shoulder Elevate

Standing chest press	Low back arches	Shoulder Elevate	Forward head	
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Push-Up	Low back sag	Scapular winging	Shoulder Elevate	Low back rounds
	Hyperextension			

Pull	Low back arches	Shoulder Elevate	Forward head	
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Standing over head press	Low back arches	Shoulder Elevate	Forward head	
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Standing Row	Low back arches	Shoulder Elevate	Arms migrate forward	Elbows flex
	Forward head			

Hinge	Low back flex	Overextending low back	<i>fix, kneeling hip hinge & quadrapped rocking</i>	
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Plank	timed and scored by minutes stop timer when position breaks	6 Excellent 4-6 Very good 2-4 above average 1-2 Average	30-60 sec below average 15-30 sec poor 1-15 sec very poor	
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