

## HYDROSTATIC BODY COMPOSITION ANALYSIS

NAME: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_

Birthday: \_\_\_\_\_

\*an extended analysis will be emailed to you. We do not sell your information!

Payment Method: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Have you tested before? YES or NO

Sex: MALE or FEMALE



<p>HEIGHT <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>SCALE WEIGHT <input style="width: 100px; height: 30px; background-color: #d9ead3; border: 1px solid black;" type="text"/></p> <p>HOURS PER WEEK OF EXERCISE <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>GOAL BODY FAT % <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>ANKLE CIRCUMFERENCE <input style="width: 100px; height: 30px; background-color: #d9ead3; border: 1px solid black;" type="text"/></p>	<p>RESTING PULSE <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>WATER TEMPERATURE <input style="width: 100px; height: 30px; background-color: #d9ead3; border: 1px solid black;" type="text"/></p> <p>WATER WEIGHT <input style="width: 100px; height: 30px; background-color: #d9ead3; border: 1px solid black;" type="text"/></p> <p>GOAL WEIGHT <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>TEST LOCATION <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p>
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### RELEASE OF LIABILITY

In consideration of FITNESSWAVE analysis, I hereby assume all risks associated with the Hydrostatic analysis with full knowledge that the process involves inherent risks to my safety. I am aware that FITNESSWAVE could not provide the service in question at the stated price unless risks of injury was contractually shifted and, therefore, expressly intended to assume said risks by this contract.

Wherefore, for the above-stated consideration, I hereby, for myself, my heirs, executors, and administrators, waive all rights to claim for damages I may have against the fitness center, FITNESSWAVE, their agents, representatives, and assigns, for any injury suffered by me at said body fat analysis.

THE UNDERSIGNED further acknowledges that FITNESSWAVE has not made any warranties or representations of any nature or kind about FITNESSWAVE and its employee's services and FITNESSWAVE is not liable for the quality, quantity, or continuity of such services.

THE UNDERSIGNED further acknowledges and agrees that he/she shall not commence or prosecute any action against FITNESSWAVE for negligence from, out of, or in any way related to FitnessWave or its employee's services or the use of FITNESSWAVE's land, building, or equipment during such services.

PLEASE NOTE: FITNESSWAVE IS NOT RESPONSIBLE FOR ANY LOST OR LEFT BEHIND ITEMS. THANK YOU.

SIGNATURE AND DATE: \_\_\_\_\_