

Client Intake and Optional Media Consent

Complete this form before your first session. It helps Unique plan your training and identify questions to discuss with a healthcare professional. This form is not medical clearance and does not replace the membership agreement.

Name _____ Date _____
Phone _____ Email _____
Emergency contact _____ Phone _____

Health and movement information

Mark Yes or No. Explain any Yes answer below or discuss it privately with Unique.

☐ Yes ☐ No Has a healthcare professional given you exercise restrictions or advised supervised exercise?

☐ Yes ☐ No Do you have a condition, recent surgery, injury or current pain that may affect training?

☐ Yes ☐ No Do you experience chest discomfort, fainting or unexplained dizziness with activity?

☐ Yes ☐ No Do you take medication or have any other concern that may affect exercise or recovery?

Relevant details and restrictions _____

Training goals and nutrition preferences

Main goal _____ Current activity _____

Preferred days and times _____

Foods you enjoy or avoid _____

Food allergies or dietary restrictions _____

Habits you would like support with _____

Unique and the client should discuss any Yes answers before strenuous activity. If healthcare advice or clearance is needed, record the plan before training. New or concerning symptoms require appropriate healthcare assessment, not an exercise test by the Trainer.

Optional media choices

Choose Yes or No for each item. A blank means No. Your choices do not affect access to paid services.

Training photos or video for The Unique Method marketing ☐ Yes ☐ No

An honest testimonial with my first name and image ☐ Yes ☐ No

My weight, measurements or progress numbers in marketing ☐ Yes ☐ No

Yes permits the selected content on The Unique Method website, social accounts and promotional materials. No testimonial must be positive. You may withdraw permission by emailing unique@uniquerembert.com. The Trainer will stop new use and remove content from channels it controls where reasonably possible. Third-party reposts and printed materials already distributed may remain.

Client signature _____ Date _____