



Thank you for your interest in working with Totally Designed Body, LLC. We look forward to meeting with you personally, but before we do so, there are some things we would like you to review. In this package you will find a brochure on our company, a rate sheet and our cancellation policy – so that you know a bit about us.

If you choose to work with us, we will also need to know a bit about you – therefore, we have included a Lifestyle and Health History questionnaire and a Medical Clearance form. The Medical Clearance form must be filled out by your doctor. Please have your doctor fill out the medical clearance form and fax it to 212.868.1015 or mail it to Totally Designed Body, LLC, PO Box 2369, New York, NY 10108.

Also included are the following:

- Consent Form (Please sign and send back)
- Release of Liability Form (Please sign and send back)

Once you have reviewed the materials and filled out your forms, please send them to:
Totally Designed Body, LLC
P O BOX 2369
NEW YORK, NY 10108

We look forward to hearing from you and helping you achieve optimal health!
Our phone number is 212.868.1015. Please feel free to call if you have any questions.
Best of health to you,

Tara Dawn Bach-Martinez, President
Totally Designed Body, LLC.

Victor Martinez, Vice President
Totally Designed Body, LLC.



Screening & Assessment Form

Name: _____ D.O.B. _____
Address: _____ E-mail: _____
Phone: Day () _____ Eve () _____ Height: _____ Weight _____
Emergency Contact: _____

Relationship: _____ Phone () _____

Name of Doctor: _____ Dr's. Phone # () _____

Are you currently taking any medications? Yes No

If yes, please list medication and reason for taking:

Do you now, or have you had in the past:

- | | | |
|--|------------------------------|-----------------------------|
| Chest Pains? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any chronic illness or condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surgery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breathing or lung problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle, joint or back problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes or thyroid condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cigarette habit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| History of anorexia or bulimia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Cholesterol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia or any condition that may be aggravated by lifting weights? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Osteoporosis/Osteopenia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Screening & Assessment Form (cont.)

If you answered YES to any of the questions listed above, please explain below:

When was the last time you exercised? _____

Do you exercise regularly? Yes No

If so, how often? _____

As a child or as an adult, what sports have you done? _____

How many meals do you eat daily? ___ Snacks ___ Glasses of water ___ Coffee ___ Alcohol ___

What kinds of food do you snack on? _____

Do you eat "fast foods"? Yes No

If yes, what kinds? _____ How often? _____

Are your parents alive? Mother: Yes No Father: Yes No

If not, what was the age of death? Mother _____ Father _____

If not, what was the cause of death? Mother _____ Father _____

In detail, describe specifically what you would like to accomplish through your fitness program:

What has prevented you from your goal(s) in the past?



Medical Clearance
One-On-One Personal Training or Physical Therapy Wellness Program
via Zoom or in person

Dear Dr. _____:

Your patient _____ is interested in bettering his/her health by participating in an exercise program with Totally Designed Body, LLC. The program will incorporate a combination of aerobic conditioning, resistance training, pilates, yoga, stretching and stabilization exercises. Please check the appropriate box pertaining to your patient listed above:

No contradictions for participation in a general exercise program

Participation in an exercise program is recommended with the following restrictions or modifications (continue on back of page if necessary):

I do not recommend participation in an exercise program

Please provide the following information:

Resting Blood Pressure _____ mm/Hg

Resting Heart Rate _____ bpm

Weight _____ lbs

Chronic Conditions: _____

Physician Signature

Date

Address

Phone



Our Fees

Evaluation Fee:

Fitness evaluation in home (Performed by Dr. Bach or Victor Martinez)\$450

Victor Martinez, LMT Fees:

Training/Pilates/Yoga/Stretch Session in-home\$250

In-home massage or reflexology with your own table*\$300

Kids Sports Class (max of 6 children or adolescents)\$300

***Totally Designed Body, LLC does not provide massage table for services.**

Dr. Tara Bach (Physical Therapist) Fees:

In-home sessions, pre/post surgery home set up,
home or office ergonomic set up, therapeutic: Rehabilitation,
Pilates, Yoga, Rocktape, Reflexology Wellness Counseling

Energetic Healing and in-home classes.....\$350

Zoom/Phone Session Fees:

Dr. Tara Bach offer's Zoom sessions for: Physical Therapy,
Wellness Programs/Counseling and Energetic Healing.....\$300

For **Wellness Packages**, please visit the "Office Wellness Events"
under Services for more information.



RELEASE OF LIABILITY

One-On-One Personal Training or Physical Therapy Wellness Program via Zoom or in person

I, _____, (hereinafter "trainee") hereby acknowledge that I have voluntarily applied to participate in one or more Personal Fitness programs offered by Totally Designed Body, LLC.

I AM AWARE THAT ALL FORMS OF EXERCISE INCLUDING BUT NOT LIMITED TO AEROBIC ACTIVITY AND WEIGHT LIFTING, YOGA, PILATES, AIS STRETCH, MAY BE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGER AND RISK TO BE INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

I hereby certify that (1) I have accurately and honestly completed the Health and Personal Injury Questionnaire, (2) I am not suffering from any physical disability, and (3) I am physically and mentally able to participate in the programs offered by Totally Designed Body, LLC. or any trainers/teachers/therapists affiliated with Totally Designed Body, LLC.

As lawful consideration for being permitted by Totally Designed Body, LLC. or any affiliated organization to participate in any of its programs, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or prosecute Totally Designed Body, LLC. or any employee, agent, representative or person affiliated with Totally Designed Body, LLC. for injury or damage resulting from the negligence or other acts, however caused, by an employee, agent or representative of Totally Designed Body, LLC. or one of its affiliated organizations, as a result of my participation in the Exercise and or Lifestyle and Weight Management Program.

In addition, I hereby relieve and discharge Totally Designed Body, LLC. and all employees, officers, directors, shareholders, agents or representatives of the aforementioned organization, from all actions, claims, or demands I, my heirs, guardians, legal representatives or assigns now have, or may hereafter have, for injury or damage resulting from my participation in any of the Totally Designed Body, LLC. programs including, but not limited to, aerobic exercise and weight lifting.

Before signing this form, please ask any questions regarding any aspect of the program or this form that may be unclear to you.

Sign: _____ Date: _____



RELEASE OF LIABILITY

Zoom Classes

I, _____, (hereinafter "trainee") hereby acknowledge that I have voluntarily applied to participate in one or more Personal Fitness programs offered by Totally Designed Body, LLC.

I AM AWARE THAT ALL FORMS OF EXERCISE INCLUDING BUT NOT LIMITED TO AEROBIC ACTIVITY AND WEIGHT LIFTING, YOGA, PILATES, AIS STRETCH, MAY BE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGER AND RISK TO BE INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

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As lawful consideration for being permitted by Totally Designed Body, LLC. or any affiliated organization to participate in any of its programs, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or prosecute Totally Designed Body, LLC. or any employee, agent, representative or person affiliated with Totally Designed Body, LLC. for injury or damage resulting from the negligence or other acts, however caused, by an employee, agent or representative of Totally Designed Body, LLC. or one of its affiliated organizations, as a result of my participation in the Exercise and or Lifestyle and Weight Management Program.

In addition, I hereby relieve and discharge Totally Designed Body, LLC. and all employees, officers, directors, shareholders, agents or representatives of the aforementioned organization, from all actions, claims, or demands I, my heirs, guardians, legal representatives or assigns now have, or may hereafter have, for injury or damage resulting from my participation in any of the Totally Designed Body, LLC. programs including, but not limited to, aerobic exercise and weight lifting.

Before signing this form, please ask any questions regarding any aspect of the program or this form that may be unclear to you.

Sign: _____ Date: _____



INFORMED CONSENT FOR EXERCISE PROGRAM

One-On-One Personal Training or Physical Therapy Wellness Program via Zoom or in person

Description of the Fitness Program:

Each session may incorporate a variety of training methods, including aerobic conditioning to improve the functioning of the cardiorespiratory system, pilates, yoga, resistance training to strengthen the musculoskeletal system, stretching and mobility exercises to increase flexibility and range of motion, and stability exercises to improve daily functioning of stability and balance. Although the program is designed to increase overall fitness and health, no guarantee of improvement can be promised. However, results generally will occur best and most rapidly when the client participates in the exercise program on a 3-times-per-week basis.

Risk of the Fitness Program:

Soreness, fatigue and muscular discomfort may occur after you begin any exercise program. Discomforts generally decrease with continuation of the program and physical improvement. However, if these or any other symptoms persist, the client should consult his/her physician and will not hold Totally Designed Body, LLC. or any trainer affiliated with Totally Designed Body, LLC. responsible. The reaction of the cardiovascular system to exercise cannot always be predicted with complete accuracy. Therefore, there is a risk of certain changes occurring during or following exercise. These changes can include, but are not limited to, abnormalities of blood pressure or heart rate and, rarely, cardiac complications. Should you experience any adverse signs or symptoms you should take the following two steps immediately:

1. Consult your physician, and
2. Report signs and symptoms to Totally Designed Body, LLC. so that your program can be modified or discontinued if necessary.

Every effort is made to avoid any adverse reactions, through the use of the Health and Personal Inventory questionnaire (which you have filled out), the initial interview that is conducted, as well as observations made by the trainer during each exercise session.

Before signing this form, please ask any questions regarding any aspect of this program that may be unclear to you.

Sign: _____ Date: _____



INFORMED CONSENT FOR EXERCISE PROGRAM

Zoom Classes

Description of the Fitness Program:

Each session may incorporate a variety of training methods, including aerobic conditioning to improve the functioning of the cardiorespiratory system, pilates, yoga, resistance training to strengthen the musculoskeletal system, stretching and mobility exercises to increase flexibility and range of motion, and stability exercises to improve daily functioning of stability and balance. Although the program is designed to increase overall fitness and health, no guarantee of improvement can be promised. However, results generally will occur best and most rapidly when the client participates in the exercise program on a 3-times-per-week basis.

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Every effort is made to avoid any adverse reactions, through the use of the Health and Personal Inventory questionnaire (which you have filled out), the initial interview that is conducted, as well as observations made by the trainer during each exercise session.

Before signing this form, please ask any questions regarding any aspect of this program that may be unclear to you.

Sign: _____ Date: _____



Note:

24 Hour Cancellation Policy!
All gym sessions cancelled without 24 hours
notice will be charged full price.

48 Hour Cancellation Policy!
All home sessions cancelled without 48
hours notice will be charged full price.

Locked-in appointment times will be available only for clients purchasing packages. We will do our best to accommodate single-session clients, but the time slots cannot be guaranteed. A 10-session series must be paid for prior to the first training session; otherwise, the single-session rate will be charged and must be paid for at the time of service.

If you are planning to be away and will not be keeping your appointment, please call your trainer with any schedule changes as soon as possible. Clients who miss appointments with regularity will be asked to submit a retainer fee to keep scheduled time slots available. We thank you for respecting our terms.

Sign: _____ Date: _____