

## VFIT's Accountability Coaching Client Form

**An Accountability Coach will hold you to accept and be responsible for the decisions you make on your health journey. They will guide you toward the best choices for you, your mind, and your body until they become engrained habits you can make on your own. They are your support system to keep you on the right path for health and wellness. VFIT's Accountability Coaches are certified life coaches, and more importantly regular people who completely understand what your goals are and what you are going through. Please fill out the questionnaire below to the best of your abilities:**

Full Name:	Email:	Cell #:
Address:		Age/Height:
Current weight:	Goal Weight:	Are you pregnant or breastfeeding?
Describe your current workout routine:		
Describe your current eating habits:		
Please list any injuries/medical history we should know about:		
Please list any/all medications you are currently taking and the medical condition they are prescribed for:		
Have you tried any other health & wellness programs in the past? If yes, please describe them:		
<b>Read our terms and conditions listed and initial to agree each of the following:</b>		
_____ I understand and acknowledge that any photograph submitted or taken and any physical measurements taken will not be used, distributed, or shared in any way other than by me and the VFIT coaches unless otherwise agreed upon.		
_____ I understand and hereby agree that I am 100% committed to participating in VFIT's Accountability Coaching. My dedication to the program determines the level of my success.		
_____ I understand that I should not participate in VFIT's Accountability Coaching if a medical professional has not cleared me to do so, especially if I have a medical condition that would limit my ability to restrict my eating or to exercise daily.		
_____ I understand that VFIT's Accountability Coaches are certified Life Coaches and not dietitians, nutritionists, or medical professionals. I agree that their focus is on eating healthy, exercising regularly, weight loss, and not mental health issues.		
_____ I agree and acknowledge that if I am accepted into the VFIT Accountability Coaching Program, depending on the conditions I have provided above, I will not share information or details of my program, my relationship with my coach, or plan for my specific situation. The method, system and requirements consist of "confidential information" belonging to VFIT (CFIT-Fitness LLC.)		
Participant's Signature:		Date: