

GET YOUR

# InBody Test

SEE WHAT YOU'RE MADE OF

## EASY

Change the way you see your weight. Understand your health by seeing how much muscle, fat, and water you have instead of relying on a number on a scale.

## QUICK

In less than one minute, see how your diet and exercise are affecting your health. Monitor your progress and reach your goals on your full-page results sheet.

## PRECISE

InBody uses the latest patented and cutting-edge technology to provide you with the most accurate results in the industry.



**InBody**

Age: 30 | Sex: M | Height: 175.0 cm | Weight: 70.0 kg | Fat: 15.1% | Muscle: 42.1% | Visceral Fat Level: 11.75

Body Fat: 10.6 kg | Muscle: 29.5 kg | Bone: 12.0 kg | Water: 38.3 kg

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**\$37 Members of HRH&FC / \$47 Non-members**

**\$26 Clients of Personal Training & G3 programs**

To sign up, simply fill out a personal training interest form **HRH&FC**,  
or call us at (828)452-8098 to make an appointment!

**Thank you for your interest in the InBody 570 Body Fat & Muscle Mass Analysis! Please fill out the information below. A trainer matching your availability will then be assigned to you as soon as possible.**

Client Name: \_\_\_\_\_ HRH&FC Member, or No? \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a preferred trainer in mind? If so, please specify name: \_\_\_\_\_

BEST DAYS AND TIMES for your appointment: \_\_\_\_\_

**SAFETY PRECAUTIONS. Please read carefully, and initial each item as having understood:**

Bioelectrical Impedance Analysis (BIA) is the technology in use with this unit; it sends safe, low-level electrical currents through the body in order to obtain its measurements. On a normal basis, this technology is not harmful to the body in any way; there are however, certain conditions wherein the test is contraindicated, as explained below.

\_\_\_\_\_ Individuals with **medical implant devices such as pacemakers, or essential support devices such as patient monitoring systems,** must not use this equipment, as the test may cause malfunction of the device.

\_\_\_\_\_ This test is not recommended for **pregnant women.**

\_\_\_\_\_ **Minimum age 14 years. Persons under age-14 must have written permission from parent/legal guardian. Parent/legal guardian must be present throughout administration of test.**

\_\_\_\_\_ Persons with **limited mobility** should be supervised or assisted when attempting to test on the InBody testing unit.

\_\_\_\_\_ Persons whom are **sick with a contagious illness or infection, or whom have experienced symptoms in the past 5-7 days,** may not use testing unit.

**FOR ACCURATE TESTING. Please read carefully, and initial each item as having understood:**

\_\_\_\_\_ **Stand upright for about 5 minutes before testing.** Taking the test immediately after lying in bed or sitting for a long period of time could result in a slight change in the test results.

\_\_\_\_\_ **Adequately hydrate 45 minutes** prior to testing. Being overhydrated or dehydrated will skew test results.

\_\_\_\_\_ **Do not eat 3 hours before testing;** food mass will be included in the examinee's weight and thus may result in measurement errors.

\_\_\_\_\_ **Use the bathroom prior to testing.**

\_\_\_\_\_ **Do not exercise for 3 hours prior to testing.** Strenuous exercise and/or sharp movements can cause temporary changes in body composition. Even light exercise can change your body composition temporarily.

\_\_\_\_\_ Thoroughly wipe the palms and soles with the InBody Tissue before testing.

\_\_\_\_\_ **Lightweight exercise attire** is recommended, as the weight of clothing can affect measurement.

**Risk & Release Statement**

In agreeing to participate in activity at Haywood Regional Health & Fitness Center, I affirm that my general health is good, and that I am not adversely affected by exercise, and that I am capable of performing exercises of a vigorous nature. I am aware of the possibility of accidental or physical injury during exercise programs, swimming activities, and facility usage. In consideration of participating at Haywood Regional Health & Fitness Center, I agree to assume all risks of injury, and I will hold harmless from any and all liability, actions, causes of actions, claims, and demands of any kind and nature whatsoever, including conditions which I now may have, may arise from, and/or in connection with my willful participation in activities arranged and/or services offered by Haywood Regional Health & Fitness Center, and members of its staff. These terms will serve as a release and assumption of risk for my heirs, executors, and administrators for all members of my family, including any minors. I agree to abide by the rules and policies of Haywood Health & Fitness Center, and failure to do comply with such rules may result in termination of program. I have read this agreement and understand the activities in which I will be engaged. By providing my signature below, I have agreed to the conditions stated above. Minors: by signature below, the statement above will be affirmed on behalf of a minor who is participating in activities/services arranged by, or offered through Haywood Regional Health & Fitness Center, by a parent, legal guardian, or person of interest whom is age-18 or above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Participant (if Under 18 yrs of age) \_\_\_\_\_

Witness (Staff only) \_\_\_\_\_