Our mobile platform enables PRIVACY in an environmentally controlled area complete with dressing room.

◊ Wear Approved compression clothing:
- Approved Clothing for MEN:
  Form-fitting Speedo or Lycra-like type swimsuit
  - OR -
  Single layer compression shorts (without padding)
- Approved clothing for WOMEN:
  Form-fitting Speedo or Lycra-like type swimsuit
  - OR -
  Single layer compression shorts & jog bra (without padding or wires)

◊ Do not exercise 2-hours prior to testing
◊ Do not eat or drink 2-hours prior to testing
◊ Use restroom before testing (if needed)

** - The Bod Pod has an over-sized window for a wide open view while testing for 50 seconds.

Process:
Client information from attached sheet is entered into the computer. The Bod Pod will validate for 2 minutes while the client is in dressing room getting ready. Once validated the client is weighed (mass), before entering the BOD POD for 2 very brief 50-second tests (door opened in between). After second test results are printed & discussed.

www.BeFitTest.com    410-353-2791     Matt@BeFitTest.com
Bod Pod Client Info
&
Waiver Form

- Previously tested with us?

Check box, enter first/last name & sign (update email info).
The rest is already in the computer.

Name-___________________________________         Race-___________
Height (inches) -______            Club /Trainer:________________________
Email:______________________________________________________
(please print clearly - used for testing reminders)

WAIVER:
Although the information derived from the body composition measurement is highly useful
in determining the clients current level of physical fitness, it is NOT MEDICAL ADVICE.
In order to more completely understand what these measurements may mean to your health
status, you are encouraged to seek the advice of a qualified medical practitioner.
The client agrees to release and hold harmless the Service Provider for any and all incidental
or consequential damages, claims, or injuries, whether real or perceived, that may arise from
the body fat measurement procedure or use of the information derived there from.

I understand the terms of this contract and hereby agree to them:

_____________________________________(Client Signature/Date)

Minor?  (If the Client is under the age of 18 years old on the date of this Contract)
I,____________________________________________________(Guardian), agree to the provi-
sion of these services to the above named minor Client and agree to pay for the fees in-
curred under this Contract. _______________________(Guardian Signature)