

## Approved Clothing



## Non-Approved Clothing



Be Fit-Test, LLC

# BOD POD - Test Checklist

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 1-hour 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.



# Client Information & Waiver Form

- Check box if previously tested (print name/sign & update any info, the rest is in the computer)

First Name- \_\_\_\_\_ Race- \_\_\_\_\_

Last Name- \_\_\_\_\_ Height- \_\_\_\_\_

DOB- \_\_\_\_\_ Club /Trainer: \_\_\_\_\_

Email: \_\_\_\_\_

(please print clearly)

\*-If you'd like to opt-in to our network & monthly emailed newsletter featuring the most recent fitness and diet news; as well as stories from our local partners, please check:  
\_\_\_\_\_yes

## **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)**

*(If the Client is under the age of 18 years old on the date of this Contract)*

I, \_\_\_\_\_ (Guardian), agree to the provision of these services to the above named minor Client and agree to pay for the fees incurred under this Contract. \_\_\_\_\_ **(Guardian Signature)**