

# INBODY REGISTRATION

OFFICE OF CAMPUS RECREATION

## PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_

*Please check one*

- SRC Member
- SRC Non-Member

ID # (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_

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

*Please circle which package you are purchasing:*

	<u>Single Session</u>	<u>Package of 4</u>
Student	\$20	\$60
Non Student	\$25	\$80

**InBody**<sup>®</sup>  
Body Composition Analysers



**\*This test is not recommended for individuals with pacemakers or pregnant females**

## AVAILABILITY

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

## PRIOR TO TESTING

- Hydrate well the day before
- Do not drink caffeine on the day of your test
- Do not eat 3-4 hours prior to testing
- Do not exercise 6-12 hours prior to testing
- Do not take the InBody Test after a shower or sauna
- Do not consume alcohol for 24 hours prior to testing
- Insure access to both feet with removable footwear (no socks or pantyhose)
- Avoid using lotion on hands or feet
- For females, avoid testing if you are menstruating
- Individuals with pacemakers or other electronic medical devices should NOT take the InBody Test
- The InBody test is not recommended for pregnant females

## PARTICIPANT AGREEMENT

I have read and understand the instructions and guidelines for accurate results of my InBody Test.

I understand that failure to adhere to these policies may hinder my results. Indiana State Campus Recreation will not be held responsible for inaccurate results if I fail to follow these guidelines.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ADMINISTRATIVE USE ONLY

Invoice #: \_\_\_\_\_

Date(s) Administered				
Trainer's Signature				
Payroll				