

FINE PRINT:

By engaging in this program you understand that Jake Tiesler will provide professional services to help you attain your physical goals. This program is designed to be experienced via internet and will not enable face to face meetings. You, the client are responsible for monitoring your own conditions at all times. Therefore you release Jake Tiesler from liability.

Copy and past into email to:

mtsustudent@gmail.com

Full Name:

Sex (Male or Female):

Stats

- Age
- Height
- Weight
- Body fat% (if possible)
- Muscle girth measurements

Training

- Current program
- Any exercises you cannot do due to injury?
- Do you train at home or at a gym?
- If at home, what equipment do you have?

Diet

- Current diet
- Total calories
- Grams of Protein, Carbs, and Fat
- Favorite foods
- Foods you hate/will not eat

Supplements

- All supplements you currently have
- Monthly allowance for supplements

Goals

- What exactly do you want to accomplish (be as specific as possible)?
- Do you want to focus on losing fat **OR** gaining muscle (**pick one, not both**)?

Daily Schedule

- When do you wake up?
- When do you workout?
- When do you go to sleep?
- Any time constraints for meals?

Pics (if possible)