**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_

**Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Name & Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male**\_\_\_\_\_ **Female**\_\_\_\_ **Age**\_\_\_\_\_

**Fitness Related Questions**

On a scale from 1 to 10 how would you rate your present fitness level? (1:worst-10:best) \_\_\_

Are you satisfied with your current level? Yes No

How often do you currently participate in physical activity?  5-7 times/week  3-4 times/week

 1-2 times/week  not in the past 6 months

**Goals**

\*Check what goals you would like to accomplish.

 Reduce Fat/  Tone Muscles

 Improve Sport Specific Skills  Spiritual Balance

 Improve Cardiovascular Fitness  Build Muscle Mass

 Increase Motivation  Improve Overall Health

 Improve eating habits  Reduce Stress

 Add Variety to Exercise Regime

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate on a scale from 1 to 10 how important it is for you to reach your goal(s**) \_\_

**How would you like us to monitor your progress?**

 Body Weight

 Fat Testing through skin fold measurements

 Training Log Book

 Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What types of exercise interests you? (Please check all applicable.)**

Walking (treadmill/outdoors)\_\_ Running (treadmill/outdoors)\_\_\_ Hiking\_\_ Swimming\_\_ Tennis\_\_ Golf\_\_ Cycling Stationary biking\_\_ Spin classes\_\_\_ Strength training\_\_\_ Softball/baseball\_\_\_ Martial arts\_\_ Basketball\_\_ Stretching\_\_\_ Dance exercise

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following scale to rate each goal as far as an exercise program:

\*Not at all Important 1, 2 or 3

\*Somewhat Important 4, 5, or 6

\*Extremely Important 7, 8, 9 or 10

Improve cardiovascular fitness:

Body-fat weight loss:

Reshape or tone my body:

Build more muscle:

Improve flexibility:

Increase strength:

Improve mood and ability to cope with stress:

Increase energy level:

Improve performance for a specific sport:

Feel better/improved health:

Just Enjoying Life:

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

1. Have you ever had heart trouble or coronary disease?

If so please explain:

2. Do you have a family history of heart problems or coronary disease? If yes, please explain:

3. Please list any drug allergies:

4. Do you have trouble sleeping? How many hours of sleep per night?

5. Do you wear eyeglasses or contacts?

6. How many cups of coffee do you drink a day? Soda?

7. How much water do you drink a day?

8. Have you ever participated in a diet and/or nutrition program? Did you achieve your goal(s)? Was it permanent?

9. What would you like to change about your health or the way you look?

10. Anything else I should know about you?

WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a release of liability. You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_

**Cancellation Policy**

All cancellations must be received at least 12 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 12 hours notice will be charged for the cancelled session. We understand that emergencies happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 12 hour notice. Subsequent short-notice cancellations will be charged for the session. The free short-notice cancellation only applies if we are notified prior to the session start time. No shows are not eligible for the free cancellation. If you need to cancel a session, please call us immediately!

**Refund Policy**

We strive to provide the best possible service to our clients. If for any reason you are not satisfied with our services, we will be happy to issue you a refund for services not performed. If you have paid for a package in full, you will be refunded for unused sessions and services. I have read the above policies and agree to its terms as it applies to my personal training.

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

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

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