

Personal Training Par-Q

(Physical Activity Readiness Questionnaire)

Name _____ Address _____
Phone _____ Email Address _____
Age _____ Birth date _____ Occupation _____
In Case of Emergency, please notify _____
Relationship _____ Address _____
Home # _____ Work # _____ Cell # _____

- 1) Have you ever had or been diagnosed with heart trouble, cardiopulmonary, cardiovascular, or coronary disease? (If yes please explain)

- 2) Do you have chest pains? (If yes please explain) _____
- 3) Do you have or ever been diagnosed with high blood pressure or taken medication for hypertension? (If yes please explain)

- 4) Do you have diabetes? (If yes please explain) _____
- 5) Do you or have you ever had high cholesterol? (if yes please explain) _____
- 6) Do you or have you ever had dizzy spells that cause you to lose your balance or consciousness? (If yes please explain) _____
- 7) Has a doctor ever said you were unhealthy or dangerously overweight? (If yes please explain) _____

- 8) Have you recently had surgery of any kind or experienced bone, muscle, joint, tendon, or ligament problems that could be aggravated during physical activity? (If yes please explain) _____

- 9) Are you currently under a physician's care for any disease or illness, or taking a prescribed medication? (If yes please explain) _____
- 10) Are you over the age of 65? _____

If you answered yes to any of the questions above, the American College of Sports Medicine strongly recommends that you receive clearance from your physician prior to participating in a progressive resistance exercise program!

I have read and understand the above question and have answered all of the questions truthfully and to the best of my knowledge.

Name (please print)

Signature

Date

Health & Fitness History Questionnaire

Physician's Name and Number _____

Is there any family history for any condition, illness, or disease? (If yes please list and explain)

Are you currently under the care of a physician, or any healthcare professional for any reason? (If yes please explain) _____

Please list any illness, hospitalization, or surgical procedures you have had in the last two years.

Please list your last physical exam and results.

Please list any conditions or diseases you currently have or have had in the past. (Ex. High blood pressure, diabetes, asthma, etc.)

Please list any prescribed medication, over the counter medications, or dietary supplements you are currently taking. _____

Please list any allergies. _____

Do you smoke? _____

Do you drink alcohol? (If yes how often) _____

Do you drink coffee or any drink that contains caffeine? (Please explain) _____

Are you now or have you even been on a diet to lose or gain weight? (Please explain)

Do you consider yourself underweight or overweight? (Please explain) _____

How would you characterize your life? Please circle

Low in stress

Moderately stressful

Highly stressful

How active would you describe yourself on a daily basis? Please circle and explain

Sedentary

Lightly active

Moderately active

Highly active

How would you rate your knowledge of exercise and fitness?

How would you rate your knowledge of nutrition?

Do you regularly use any of the following? (Please circle)

Butter Sugar Salt Whole Milk Artificial Sweeteners

Is your diet high in red meat, fatty, or processed foods? (please explain) _____

How would you describe your nutritional habits? (Please circle) good / fair / poor

How many meals do you usually eat per day? _____

Please give me an idea of what you would eat on a typical day. _____

What are your fitness goals? please explain.

Ex...Improve strength, flexibility, or cardiovascular fitness. Tone, gain/lose weight, reduce stress, more energy, better eating habits; etc.? Please explain

Additional Goals?

Ex... Run a marathon, fit into old jeans, impress friends or spouse, vacation? Please list and explain.

Physician Clearance

Dear Dr. _____

Your patient, _____, has expressed an interest in starting resistance exercise program. Below is a clearance form to be filled out and signed by you. If you have any questions concerning the exercise design please feel free to contact us 612-224-4742.

Your patient has been referred to you due to _____
Please complete this clearance form indicating any exercise limitations or recommendations you may have for your patient to be disclosed to the personal trainer. Although our certified personal training staff will not be responsible for ensuring the patient's compliance with your recommendations, they can explain how to apply the recommendations.

My patient, _____, has been examined by me and **does** have my approval to participate in a progressive exercise program.

My patient, _____, has been examined by me and **does not** have my approval to participate in a progressive exercise program.

Physicians Signature

Date _____

Please print or stamp your name, address, and phone number

Please list any recommendations (use back if necessary)

INFORMED CONSENT

Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in an acceptable plan of progressive personal fitness training. I also give consent to be placed in personal fitness training programs which are recommended to me for improvement of my general health and well-being. These activities may include but are not limited to strength training, cardiovascular, and flexibility exercises. The levels of exercise I perform will be based upon my cardio respiratory and muscular fitness. I will be given personal instructions regarding the amount and type of exercise I should perform. I understand that I am required to attend every session and to follow staff instructions with regard to the training program. If I am taking medications, I have already informed the trainer and further agree to inform them promptly of any future changes I or my doctor have made.

I understand that I will be asked to complete strenuous physical activity unless symptoms such as fatigue, shortness of breath, chest discomfort, dizziness or similar occurrences appear, at which point it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer should any symptoms develop.

RULES

I have been informed and understand that there exists the possibility of adverse changes during exercise including but not limited to, abnormal blood pressure, fainting, dizziness, and disorders of heart rhythm, heart attack, stroke, and even death. I further understand and have been informed of the risk of bodily harm including but not limited to, injuries of the muscles, ligaments, tendons, and joints, along with other remote risks that may be associated with this training program. Despite the fact that a complete accounting of all these risks has not been provided it is still my desire to participate. I also understand that the health questionnaire or any fitness evaluations are not meant to be a medical screen and it is my responsibility to contact my physician concerning my medical or health preparedness to participate in an exercise program.

I have read this document in its entirety or it has been read to me if I have been unable to read it. I expressly consent to the rendition of all services and procedures as explained. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility the trainer, facility, or any persons involved with this program.

CONFIDENTIALITY OF RECORDS

All personal information obtained as part of your participation in personal training will be kept strictly confidential. There will be no release of personal information without our written consent.

I, _____, have read this entire document and fully understand its contents. I have indicated so with my signature below.

Clients' Signature

Date _____

Trainers' Signature

Date _____

PERSONAL TRAINING CLIENT AGREEMENT & RELEASE

1. Personal training sessions will vary in length, which will be determined by the trainer and client
2. Clients are required to observe all rules and regulations
3. Clients agree to make a commitment to follow the program and instruction guidelines set forth by their trainer to the best of their ability in order to maximize their results
4. Clients have the right to refuse or stop any exercise for any reason
5. Clients are strongly recommended to wear comfortable clothing and appropriate shoes
6. **Punctuality is essential!** Tardiness will result in a shortened workout or possible cancellation of sessions. If you are going to be late please contact your trainer in regards to your situation.
7. **A 24 hour cancellation notice** is required or the client will be charged for missed sessions, based upon reasonable exceptions and situation.
8. Personal training sessions must be paid for *prior* to meeting with a trainer.
9. Personal training sessions are **non-refundable.**

PERSONAL TRAINING CLIENT WAIVER AND RELEASE STATEMENT

I am in good health and do not have any medical conditions that could be aggravated by my participation in this program nor would a physician advise me not to participate in this program for any reason. My trainer has recommended that I obtain a physical examination from a doctor before using any exercise equipment or participating in any strenuous exercise. I understand that the instruction and advice presented are in no way intended as a substitute for medical counseling. All exercises, training, or other instruction to use weights, machinery, or apparatus designed for exercise shall be at my sole risk. I understand that the agreement to use or selection of exercise programs, methods, and types of equipment shall be my responsibility and the trainer shall not be liable to me for any claims, demands, injuries, damages, actions, or causes of action arising due to injury to my person that might occur during or as a result of my participation in this program. By signing this document below, I hereby hold my trainer, owners, officers, and employees harmless, and thereby release them from any and all claims, cost, or expenses of any kind which may be brought against them by me or on my behalf for any such injuries or claims arising out of my participation in this program.

I, _____, have agreed to purchase _____ training sessions at the rate of _____ **per session.** I understand that sessions are **non-refundable** and must be paid prior to the first session with your trainer. Furthermore I acknowledge that I have read this document in its entirety and I understand the above statements and agree to comply with these conditions and terms.

Client / Parent or Guardian Signature

Date

Price Sheet for Training Sessions

8 sessions - \$90 per session = \$720

- 2 payments of \$360

12 sessions - \$85 per session = \$1,020

- 2 payments of \$510
- or 3 payments of \$340
- or 4 payments of \$255

Earn 3 free sessions with referral! Up to \$255 savings!!

24 sessions - \$75 per session = \$1,800

- 2 payments of \$900
- or 3 payments of \$600
- or 4 payments of \$450

Earn 6 free sessions with referral!! Up to \$450 savings!!

36 sessions - \$70 per session = \$2,520

- 2 payments of \$1,260
- or 3 payments of \$840
- or 4 payments of \$630

Earn 12 free sessions with referral! Up to \$840 savings!!

50 sessions - \$65 per session = \$3,250

- 2 payments of \$1,625
- or 3 payments of \$1,083
- or 4 payments of \$812.50

** Referral program

Sign up for a package of 12 or more sessions and get free sessions!! For every person you refer to me that signs up for 12 or more sessions will earn you ¼ of your package in free sessions per person. For example: if you sign up for 12 sessions and your referral signs up for a minimum of 12 sessions then you will get 3 sessions free!

- **Down payment/ First payment is due prior to first session**