

Personal Training/Medical Forms 1. Medical Waiver/ Rules & Regulations Name:

_____ Address: _____ City:
_____ State: _____ Zip: _____ Phone: _____

2. Medical Forms Personal Trainer- Medical Clearance Medical History Questionnaire Important factors to consider before undertaking any type of exercise program are as follows: Are you on any medications? (Please list)

Do you smoke? ___ Yes ___ No Do you have any physical problems that are of concern to you?

Do you have any of the following:

Chest Pain? ___ Yes ___ No

Coronary Heart Disease? ___ Yes ___ No

Irregular Heartbeats? ___ Yes ___

No High Blood Pressure? ___ Yes ___ No

Family History of Heart Disease? ___ Yes ___ No

Rheumatic Fever? ___ Yes ___ No

High Cholesterol? ___ Yes ___ No

Respiratory Problems? ___ Yes ___ No

Shortness of Breath? ___ Yes ___ No

Chronic Cough? ___ Yes ___ No

Diabetes? ___ Yes ___ No

Dizziness/loss of consciousness? ___ Yes ___ No

Seizures or Convulsions? ___ Yes ___ No

Severe Headaches? ___ Yes ___ No

Obesity? ___ Yes ___ No

Arthritis? ___ Yes ___ No

Bone, joint, or muscle injury? ___ Yes ___ No

Low Back Pain? ___ Yes ___ No

Surgery (s)? - What, when, why, how many? _____

What does your physician recommend? _____

*CONSULT YOUR PHYSICIAN BEFORE BEGINNING IN ANY EXERCISE PROGRAM Waiver and Release I (the client) _____ agree that if I engage in any physical exercise, class, or activity, I do so at my own risk. I agree that I am voluntarily participating in activities and assume all risk of injury or illness. I agree to release and discharge (my trainer) _____ from any and all claims or causes of action (known or unknown) arising out of my negligence. I acknowledge that I have carefully read this waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring a legal action to assert a claim against my trainer for his/her negligence. Client's

Signature: _____ Date: _____

Rules and Regulations for Personal Training Sessions The expiration policy requires completion of an average of one to two session per week from the date of purchase. You may reschedule a workout session one day (24 hours) before the scheduled session without a penalty. Within that time you must pay for that session unless arrangements have been made with the trainer. A member arriving late will only receive the remaining scheduled time for their session. A "no show" will be charged for the session. No refunds, unless the trainer cannot continue the session. The trainer will make every reasonable attempt to make up a session as long as client notifies the trainer at least 48hrs in advance with exception of emergency.

Client's Signature: _____ Date: _____