Welcome to Stand Strong Fitness & Wellness! I look forward to helping you achieve your goals! By working together, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are EQUALLY important!

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

By signing below, you accept full responsibility for your own health and well-being **and** you acknowledge an understanding that no responsibility is assumed by the leader(s) of the program.  
It is recommended that all program participants work with their personal trainer 2-3 times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

Personal Training Terms and Conditions

1. Personal training sessions that are not rescheduled or canceled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
3. The expiration policy requires completion of all personal training sessions within 120 days from the date of the contract. Personal training sessions are void after this time period.
4. No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s name (please print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian’s signature (if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness’ signature

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

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

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Questions Yes No** | | |
| 1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? |  |  |
| 1. Do you ever feel pain in your chest when performing physical activity? |  |  |
| 1. In the past month, have you had chest pain when you were not performing physical activity? |  |  |
| 1. Do you lose your balance because of dizziness or do you ever lose consciousness? |  |  |
| 1. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |  |  |
| 1. Is your doctor currently prescribing any medication for any heart condition or to control blood pressure? |  |  |
| 1. Do you need of any other reason why you should not engage in physical activity? |  |  |

\**If you answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which question you answered “Yes” to. After a physical evaluation, seek medical advice from your physician on what type of activity is suitable for your current condition.*

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

**I. Participants Information**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Estimated Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Medical History**

Do have a history of any of the following? (*Yes to any of the below indicates a high risk condition and/or a major sign or symptom of a known cardiovascular, pulmonary, or metabolic disease. Therefore, we recommend consulting your physician before beginning a training program.)*

**Heart Problems (Please Specify) Y/N Metabolic Disease Y/N**

Heart/vascular disease, heart attack, angina \_\_\_ Kidney disease \_\_\_

Coronary angioplasty/cardiac surgery \_\_\_ Thyroid/Metabolic disorder. \_\_\_

Rapid heartbeats/palpitations \_\_\_ **Other (please specify)**

Heart murmurs or unusual cardiac findings \_\_\_ Major surgery/hospitalization \_\_\_

Peripheral vascular disease \_\_\_ Chest discomfort at rest/exertion \_\_\_

Stroke \_\_\_ Unusual fatigue \_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shortness of breath \_\_\_

**Respiratory problems (please specify)** Ankle swelling \_\_\_

Asthma \_\_\_ Pregnancy (current) \_\_\_

Chronic Bronchitis \_\_\_ Musculoskeletal/joint issues/injuries \_\_\_

Emphysema or COPD \_\_\_

**Please explain anything marked as YES on previous page.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Please indicate any medications that you are taking below.**

Medication/dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication/dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Recreational Activities and Behaviors**

**List your current hobbies or sports.**

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Informed Consent**

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed of the nature of the program and the potential for unusual but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility the instructor, facility, or any persons involved with this program and testing procedures.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**