STAND STRONG FITNESS & WELLNESS

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:_____

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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?		
2. Do you ever feel pain in your chest when performing physical activity?		
3. In the past month, have you had chest pain when you were not performing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing any medication for any heart condition or to control blood pressure?		
7. 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: _____

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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: _____