

PERSONAL TRAINING AGREEMENT

NAME: _____

HOMEADDRESS: _____

HOME/WORK/CELL PHONE: _____

EMAIL ADDRESS: _____

TRAINING SESSION START DATE: _____

TRAINING RATE _____

Terms and Conditions for Personal Training:

1. Payment in full is required prior to each training session. Payment methods accepted: **Cash, Money Order and Checks**. A **service charge of \$25** will be assessed for any returned checks. After two returned checks the client will be asked to conduct their payment in the form of **Cash or Money Order** only.
2. An initial screening/consultation may be required prior to starting the Personal Training Program if more than one year has passed since the last screening (Physical Exam by your Physician/Fitness Assessment by a qualified Personal Trainer).
3. If you are late for a session it will result in lost training time unless arrangements can be made with the trainer to make up for the time missed.
4. A 2-hour notice must be given to the trainer to cancel a session. Failure to do so will require the client to pay the full amount for the session missed. If two or more cancellations occur within a 30-day period, the client will be charged for each of these missed sessions regardless of notification (**Please make sure you verbally have spoken with the Personal Trainer and if the Trainer is unavailable at the time of your call please leave a detailed message so that he/she can contact you**). ***Participants with the monthly packages will have 2 weeks to make up a cancelled session or it will be lost.**
5. Money will not be refunded on unused sessions regardless of the reason that the sessions were not used.
6. You have up to **30 days** to complete all sessions with each number session package of purchase (**It is beneficial that you are consistent with your sessions in order to get/receive the positive results from your designed exercise program**). In exception to the monthly package participants, you have up to 14 days). Monthly package participants can freeze their training sessions due to medical reasons, work travel related incidents or if going on vacation with at least a 2 week notice.

7. How Monthly Packages Breakdown: 1x a Week=4 Sessions a month; 2x a Week=8 Sessions a month and 3x a Week=12 Sessions a month. For the months that have extra weeks, these days are used as makeup days or fitness homework is given to the participant that must be completed.

I fully understand the terms and conditions stated above, and agree to adhere to the them without deviation or exception. I acknowledge that I have received a copy of this Agreement.

Client Signature: _____ Date: _____

Personal Trainer Signature: _____ Date: _____

PERSONAL TRAINING QUESTIONNAIRE

1. Have you worked with a trainer in the past?
 - a. How long did you train?

2. Do you have a trainer preference (Male/Female, Age, etc.)?

3. Day and Time Preference.

4. What are your fitness goals?

5. Are you currently exercising on a regular basis?
 - a. What type of cardio do you do?

 - b. What type of strength training?

6. If you are not currently exercising, what type of exercise have you done in the past?

7. Are there any special needs or circumstances the trainer should be aware of that may affect you during exercise?

8. Have there been any significant changes in your health history since you completed your last physical exam?

If yes, please explain.

PERSONAL TRAINING HEALTH QUESTIONNAIRE

This form is to help us determine your readiness to begin a Personal Training Program. Information that you provide on this form will be maintained in a confidential manner and disclosed only to the Fit2Be Fitness Staff. With your authorization, it may also be provided to your Physician(s) should your answers indicated Physician's Recommendations are necessary.

Name: _____

Date of Birth: _____ Age: _____ Sex: M / F

Please complete this form to the best of your knowledge: **Yes** or **No**

1. Have you had a Heart Attack, Stroke, Chest Pain, or Heart Surgery? Please specify
2. Has your doctor said that you have Cardiovascular, Pulmonary, Metabolic or other significant disease?
3. During or right after exercise, do you have pains or pressure in the Chest area, Neck, Shoulder or Arm?
4. Have you experienced any unusual Leg pain upon exertion?
5. Has your doctor said that you have a Heart Murmur or Irregular Heart beat?
6. Do you have Insulin-Dependant Diabetes or take Medication to control your blood sugar?
7. Do you experience Shortness of Breath at rest or with mild exertion?
8. Has your doctor said you have High Blood Pressure (140/ 90) or are you on Medication for your blood pressure?
9. Do you experience Dizziness/Fainting Spells at rest or with exertion?
10. Are you currently Pregnant or within six weeks Postpartum? (# of months pregnant)
11. Are you are currently taking Prescription Medication for an underlying disorder?
12. Do you have a Chronic or Acute Orthopedic or other health condition that you or your physician feel will be affected by or affect your exercise (i.e. Bursitis, Arthritis, Neck or Back Injury, Past Surgery, etc.)? Please specify.
13. Do you have a medical condition not mentioned here, which might affect your

ability to participate in an exercise program (i.e. Seizures, Epilepsy, Emphysema, Asthma, etc.)? Please specify

14. Do you have a male family member under the age of 55 OR a female family member under the age of 65 who has a history of Cardiovascular Disease, such as Heart Disease, Stroke, Angina (chest pain), High Blood Pressure, etc.? Please specify.
15. Are you a male over the age of 45?
16. Are you a female over the age of 55, or Post Menopausal, or had a Hysterectomy?
17. Do you consider yourself more than 20 lbs. overweight?
18. Is your total Serum Cholesterol >200 mg/dl and/or have you been diagnosed with High Cholesterol?
19. Do you use tobacco or have you used tobacco within the last 5 years? If yes, please check one or more of the following:

Cigarettes Cigar/pipe Chewing Tobacco
20. Are you physically inactive (less than 3 days per week of physical activity).
21. Please list any Cardiovascular, Pulmonary, Nervous System, or any related Medication that could impact how the body responds to exercise.

Medication Name: _____ Purpose: _____

22. When was your last physical exam?
23. Do you have any exercise limitations not previously discussed (i.e. recent injuries, etc.)?

If yes, please explain:
24. Please list any other pertinent health/medical information we should be aware of:

I understand that this form is not intended as a substitute for consultation with my personal physician. I must consult my own personal physician for any evaluation of my health status.

I certify that I have read and understand all questions on this health and exercise history questionnaire, and that all questions have been answered truthfully to the best of my knowledge. I agree to notify my personal trainer if there are any changes in the information that I have provided herein.

Signature: _____ Date: _____

Personal Trainer/Fitness Staff Comments:

Date Received Form: _____

Date of Physician Consent Form given out: _____

Date Physician Consent Form Returned: _____

Additional Comments:

PERSONAL TRAINING WAIVER AND RELEASE FORM

I, _____, acknowledge that a Personal Training Program is designed to improve my personal fitness by providing personalized and individualized attention by a qualified personal trainer. I understand that there may be health risks associated with activities using physical exertion in a personal training program. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the personal trainer, and consult my physician.

_____ Prior to beginning a personal training program, you may be required to complete a Personal Training Health Questionnaire. The completion of the Personal Training Health Questionnaire will not result in any type of diagnosis of disease and is not intended as a substitute for consultation with your personal physician. The form is intended to identify any potential health risks that may require you to receive your physician's consent before participation. If after completing the Personal Training Health Questionnaire you have been identified as someone who possesses certain risk factors, a signed Physician's Clearance Form will be required before you participate in the Personal Training Program. An optional Fitness Assessment will be offered to everyone participating in a program. The personal trainers are not medically trained so no medical advice will be administered from a personal trainer before, during or after training sessions.

_____ I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in Personal Training. I am participating in the Personal Training Program with knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

_____ **I acknowledge that my participation in the personal training program is at my sole risk. You are advised to consult with your personal physician before participation in the training sessions.** If any client refuses to consult their physician before participating in any exercise program they must sign a Release of Liability Form and sign a Refusal of Medical Consultation Form (Members who have had a physical exam within the year will also need to sign this form) If recommended by your physician, you should consult with him/her on a regular basis. The personal trainer or other fitness staff will not be responsible for monitoring your compliance with your physician's recommendations. Even consultation with your regular physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions.

_____ In consideration for my voluntary participation in the Personal Training Program I, my family, heirs, executors, representatives, administrators, and assigns do hereby waive, release, and forever discharge the company known as Fit2Be, and their respective managers/officers, directors, employees, and agents; and my personal trainer, from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for

ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the Fit2Be Services/Programs and my participation in the personal training sessions. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Personal Training Program. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as Fit2Be and/or my personal trainer.

I certify that I have read the above Personal Training Waiver and Release of Liability and have had any questions answered to my satisfaction.

Client: _____ Date: _____

Personal Trainer: _____ Date: _____