

General Client Information

Name _____

Address _____

City _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Email _____

Date of Birth _____

Physical Activity Readiness Questionnaire (PAR-Q)

Answer the following questions *yes* or *no*.

- _____ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- _____ 2. Do you feel pain in your chest when you do physical activity?
- _____ 3. In the past month, have you had chest pain when you were not doing 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 drugs for your blood pressure or a heart condition?
- _____ 7. Do you know of any other reason why you should not do physical activity?

Name _____

Signature _____

Signature of parent/guardian (if applicable)

Health Screening Questionnaire

Name _____

Date _____

Coronary Artery Disease Risk Factors

Are you a man over 45 years of age? _____

Are you a woman over 55 years of age, or have premature menopause without estrogen replacement? _____

Has your father or other first degree male relative had a heart attack or sudden death before the age of 55? _____

Has your mother or other first degree female relative had a heart attack or sudden death before the age of 65? _____

Are you a current cigarette smoker? _____

Is your total cholesterol over 200mg/dL? _____

Do you have diabetes? _____

Do you have high blood pressure or take blood pressure medications? _____

Do you have a sedentary lifestyle (a job involving sitting for a large part of the day with no regular exercise or physical activity)? _____

Is your Body Mass Index above 30? _____

Negative Risk Factor: Do you have high HDL cholesterol (over 60mg/dL)? _____

Do you have any chronic diseases?

Do you have any injuries (present or past)?

Are you currently taking any medications?

Client's Signature _____

Date _____

Cancellation Policy

In order to allow for effective use of time clients must give the trainer 24-hour notice when canceling an appointment. This means that cancellations should be made at least 24 hours before the scheduled appointment. Personal training sessions canceled inside 24 hours of the scheduled appointment will be billed at the normal rate of a single session to the client or clients.

I, _____, have read the aforementioned and understand and accept the policies as they relate to personal training procedures with my personal trainer.

Acknowledged and agreed,

Client signature

Trainer signature

Date

Waiver and Release of All Claims by Client

The CLIENT, _____, acknowledges that any program of fitness exercise involves a risk of injury.

The CLIENT represents that he/she has recently been examined by a medical doctor and found able to undertake a program of exercise.

For and in consideration of the design of an exercise program for _____ (CLIENT) by Nicholas Ortego, the CLIENT agrees:

1. That any exercise program shall be undertaken by the CLIENT at his/her sole risk; and
2. That Nicholas Ortego shall not be liable to the CLIENT, nor any other person, for any claims or causes whatsoever arising out of or connected with the services of Nicholas Ortego; and
3. That the CLIENT hereby releases and discharges Nicholas Ortego from any such claims or actions.

Signature of CLIENT

Signature of trainer, Nicholas Ortego

Date