

Please provide 48 hour notice if you need to cancel or reschedule your Personal Training appointment.

PAR-Q FORM

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended Only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or Limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, Anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many? _____

2) Do you drink alcohol? YES NO If yes, how many glasses a week? ____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: Sedentary Active Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

7) List your 3 biggest sources of stress:

a. _____ b. _____ c. _____

8) Is anyone in your family overweight? Mother Father Sibling Grandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? _____

Fitness History:

1) When were you in the best shape of your life? _____

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in shape? _____

4) What if anything stopped you in the past? _____

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

Nutrition Related Questions

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) Do you skip meals? YES NO 4) Do you eat breakfast? YES NO

5) Do you eat late at night? Sometimes Often Never

6) How many glasses of water do you consume daily? _____

7) Do you feel drops in your energy levels throughout the day? YES NO If yes, when? _____

8) Do you know how many calories you eat per day? YES NO If yes, how many? _____

9) At work or school, do you usually: Eat out Bring food

10) How many times per week do you eat out? _____

11) Do you do your own grocery shopping? YES NO

12) Do you do your own cooking? YES NO

13) Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed Happy Nervous

14) Do you eat past the point of fullness? Often Sometimes Never

15) Do you eat foods high in fat and sugar? Often Sometimes Never

16) List 3 areas of your Nutrition you would like to improve:

a. _____ b. _____ c. _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in the exercise and training program offered by **Lifestyle Fitness**. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that Lifestyle Fitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge **Kenneth Blachly & Lifestyle Fitness**, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns. I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. I understand that all Private Personal Training rates are based on 45 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time. I understand that Lifestyle Fitness bills his Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Cash and checks made payable to **Kenneth Blachly or Lifestyle Fitness** are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase. I understand that Lifestyle Fitness operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide **48 hours notice** when canceling an appointment. No charge will be levied should I cancel with **MORE than 48 hours notice** given. Should I cancel a session with **LESS than 48 hours** prior notice, I will be charged in full for that session. I understand that **Lifestyle Fitness** recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique. I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

PERSONAL TRAINER

DATE

DATE

SERVICE AGREEMENT

PROGRAM TYPE

PROGRAM FEES

OFFICE USE ONLY

NEW ()

TOTAL MONTHS: ____

CHECK: ()

REWRITE ()

\$ PER MONTH: _____

CASH: ()

1-ON-1 45 ()

TOTAL SESSIONS: _____

CREDIT CARD ()

TEAM 45 ()

\$ PER SESSION: _____

FITNESS CAMP ()

TOTAL DUE: _____

TOTAL PAID: _____

BALANCE DUE: _____

PAYMENT SCHEDULE: _____ PAYMENTS OF \$ _____ ARE DUE ON THE _____ OF EACH MONTH BEGINNING _____, 2017

I agree to pay the amount agreed upon for the length of time agreed upon. If I wish to continue the program at the end of the agreed upon completion date I will have the option to keep the same pricing as long as there is no gap in my training program.

I fully understand the above and will comply with the conditions of this Service Agreement.

CLIENT: _____

DATE: _____

TRAINER: _____

DATE: _____