



Personal Training Forms

General Policies

The following will provide you with important information and policies. Before getting started, read and sign this form so that we can be sure you have been provided with and understand this information.

Payment

Payment for sessions must be made **in advance** of meeting with your trainer, either through the purchase of a package or payment-per-session.

Tardiness

All clients and trainers are encouraged to be prompt. If a client arrives late, this time will be *deducted* from the session. If a trainer arrives late, the amount of time will be added for an extended session. Be advised that trainers are required to wait *10 minutes* for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session.

Cancellations

In order to cancel or reschedule an appointment, you must contact your trainer at least 24 hours in advance of the scheduled appointment or you will be charge for that session. Similarly, if a trainer does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive one free session. While emergencies do occur, we ask you to make every effort to abide by this policy.

Refunds and Credits

Therapeutic & Wellness Specialists does not offer refunds, so be sure that our services will match you needs before committing through payment.

Expiration Date

All Therapeutic & Wellness Specialists personal training sessions and/or packages have an expiration date of one (1) year from the purchase date. After the expiration date, any remaining sessions will be invalid.

I have read, understand and will comply with the above information

Printed Name

Signature

Date

T&WS Initials/Date

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Release and Indemnification

We strongly recommend that all participants in our personal training program consult their physician prior to participation.

In consideration of the acceptance by sponsors of my participation in the Therapeutic & Wellness Specialists personal training program I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators and assignees, do hereby waive, release and forever discharge the sponsors of this program, their agents, representatives, successors and assignees, from all liabilities, actions, claims, demand, damages, costs and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the program, including but not limited to all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above named parties. In consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Therapeutic & Wellness Specialists LLC, its officers, directors, agents and employees against all liabilities, claims, damages and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this program.

1. I understand and am aware that strength, flexibility and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death. (Initials) _____
2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of the exercise equipment and machinery. I also acknowledge it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to my physical activity, exercise, and use of exercise and training equipment so I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge I have either had a physical examination and have been given my physician's permission to participate, or I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Signature

Date

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Personal Training Forms

Physical Activity and Readiness

Name:		Date:	
Street Address:			
City:			
State:			
Zip:			
Home Phone:		Work Phone:	
Mobile Phone:		Which phone number would you prefer we use?	
		Home Work Mobile	
Email address:			
Birth date:		Age:	Gender:
In case of emergency please call:			
Name:			
Telephone number:			
Relationship:			

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Read each question carefully and answer every question honestly. Circle one of the two answers.

1. Has a physician ever said you have a heart condition? **Yes** **No**
2. When you do physical activity do you feel pain in your chest? **Yes** **No**
3. When you were not doing physical activity, have you had chest pain in the last month? **Yes** **No**
4. Do you ever lose consciousness or do you lose your balance because of dizziness? **Yes** **No**
5. Do you have joint or bone problems that may be made worse by a change in your physical activity? **Yes** **No**
6. Is a physician currently prescribing medications for your blood pressure or heart condition? **Yes** **No**
7. Are you pregnant or post-partum? **Yes** **No**
8. Do you have insulin dependent diabetes? **Yes** **No**
9. Are you a man over the age of 45 or a woman over the age of 55? **Yes** **No**
10. Do you know of any other reason you should not exercise/increase your physical activity? **Yes** **No**

If you answered **YES to one or more questions** it is strongly recommended that you have a Medical Authorization Form completed BEFORE you become significantly more physically active.

If you honestly answered **NO to all questions** you can be reasonably sure that you can become more physically active and take part in a fitness training program.

Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood and completed this questionnaire. Any questions I had were answered to my satisfaction.

Participant's signature: _____ Date: _____

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Name:	Date:									
Medical History										
<i>Has a doctor or health professional ever said you have or have had any of the following?</i>										
<input type="checkbox"/> History of heart disease <input type="checkbox"/> Asthma <input type="checkbox"/> High cholesterol <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes	<input type="checkbox"/> High or Low blood sugar <input type="checkbox"/> Emphysema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cancer									
<i>Do you have any of the following?</i>	<i>Are you currently taking any medication that would affect the following?</i>									
<input type="checkbox"/> Back pain <input type="checkbox"/> Joint Replacement/Repair <input type="checkbox"/> Joint, Tendon or Muscular Pain <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pacemaker	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">Heart rate?</td> <td style="padding: 2px 5px;">Yes</td> <td style="padding: 2px 5px;">No</td> </tr> <tr> <td style="padding: 2px 5px;">Blood sugar?</td> <td style="padding: 2px 5px;">Yes</td> <td style="padding: 2px 5px;">No</td> </tr> <tr> <td style="padding: 2px 5px;">Balance?</td> <td style="padding: 2px 5px;">Yes</td> <td style="padding: 2px 5px;">No</td> </tr> </table>	Heart rate?	Yes	No	Blood sugar?	Yes	No	Balance?	Yes	No
Heart rate?	Yes	No								
Blood sugar?	Yes	No								
Balance?	Yes	No								
<i>List any other conditions or recent surgeries you feel we should know about in planning a fitness program for you:</i>										
Lifestyle										
<i>Which best describes your current smoking status?</i>										
<input type="checkbox"/> I have NEVER smoked, or quit more than six (6) months ago. <input type="checkbox"/> I CURRENTLY smoke, or quit within the last six (6) months.										
<i>Do you consider your daily job or daily activity to be:(circle one)</i> Sedentary Active										
<i>Do you regularly participate in sports?</i> Yes No										
If YES, which?										
<i>Describe your current exercise choices:</i>										
<input type="checkbox"/> Generally sedentary <input type="checkbox"/> A vacation/weekend exercises <input type="checkbox"/> Physically active weekly (How many times a week? _____)										
<i>Are your current exercise choices different from your past exercise choices?</i> Yes No										
If YES, describe:										
Training Goals										
<i>How much time do you want to spend working out? Days a week _____ Hours a day _____</i>										
<i>What goals do you have concerning your training and health?</i>										

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