

Personal Training Contract/Agreement

Congratulations on your decision to participate in an exercise program! With the help of your personal trainer, you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The details of these training sessions can be used for a lifetime.

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 leaders of the program.

It is recommended that all program participants work with their personal trainer three (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.

Description of program: _____

Total investment: _____

Method of payment: _____

WE WISH YOU THE BEST OF LUCK ON YOUR NEW PERSONAL TRAINING PROGRAM!

Participant's name (please print clearly)

Participant's signature

Date: _____

Parent/guardian's signature (if needed)

Date: _____

Witness' signature

Date: _____

Health History Inventory

(Long Version)

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

Name _____ Date _____

Age _____ Sex ☐ M ☐ F

Physician's Name _____

Physician's Phone (_____) _____

Person to contact in case of emergency:

Name _____ Phone _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past:

	Yes	No
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint, or back disorder, or any previous injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>
12. Obesity (BMI ≥ 30 kg/m ²)	<input type="checkbox"/>	<input type="checkbox"/>
13. Elevated blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
14. History of heart problems in immediate family	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia, or any condition that may be aggravated by lifting weights or other physical activity	<input type="checkbox"/>	<input type="checkbox"/>

9. How long have you been exercising regularly?
_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?
In the past 6 months? _____
In the past 5 years? _____

11. Can you exercise during your work day?
☐ Yes ☐ No

12. Would an exercise program interfere with your job?
☐ Yes ☐ No

13. Would an exercise program benefit your job?
☐ Yes ☐ No

14. What types of exercise interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Stair climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other activities |

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? _____

Use the following scale to rate each goal separately:

Not at all important				Somewhat important				Extremely important	
1	2	3	4	5	6	7	8	9	10
a. Improve cardiovascular fitness				_____					
b. Lose weight/body fat				_____					
c. Reshape or tone my body				_____					
d. Improve performance for a specific sport				_____					
e. Improve moods and ability to cope with stress				_____					
f. Improve flexibility				_____					
g. Increase strength				_____					
h. Increase energy level				_____					
i. Feel better				_____					
j. Enjoyment				_____					
k. Social interaction				_____					
l. Other				_____					

16. By how much would you like to change your current weight?
(+) _____ lbs (-) _____ lbs