

BEYOND FITNESS
PERSONAL TRAINING INTAKE FORM

Name: _____ E-mail: _____

Address: _____ City: _____

City _____ Zip Code _____

Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

How did you hear about Beyond Fitness? _____

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Medical Information:

Emergency Contact (1): _____ Phone: _____ Cell: _____

Injuries (Past or Present):

1. _____ Date: _____

Treatment/Rehab: _____

Par-Q Form (Please mark YES or NO to the following:

	Yes	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 a joint problem (for example, back knee, or hip) that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
7. Do you know of any other reason why you should not do physical activity?		

If you marked yes to any of the above questions, please elaborate below:

Do you take any medication, either prescription or non-prescription on a regular basis? Yes/No
If Yes, what is the medication for?

Fitness History:

1. How many hours in a typical week do you spend doing physical fitness activity? (ex. workout, sports, walk, run, swim, etc.) _____

Nutrition:

1. On a scale of 1-10, how would you rate your overall diet (nutrient-wise, inclusion of food groups, time of eating, etc.)? 1 2 3 4 5 6 7 8 9 10

Goal Setting: List three goals you would like to accomplish over the next three months.

1. _____
2. _____
3. _____

Waiver and Release of Liability Form

In consideration of being allowed to participate in anyway in the activities Beyond Fitness LLC the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved, is significant, including the potential for Permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Beyond Fitness, owners, or employees, and, if applicable, leasers of the premises, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print _____ Sign _____ Date _____