

Body Evolution

Personal Training Contract Agreement

Congratulations on your decision to participate in a Body Evolution Exercise Program! In order to maximize progress, it will be necessary for you to follow our program guidelines during supervised and unsupervised training sessions. **Please initial where indicated to acknowledge your understanding of each item.**

- _____ It is recommended that all program participants work with their Personal Trainer at least three (3) times per week.
- _____ During your exercise program, every effort will be made to ensure your safety. However, as with any exercise program, there are risks, including heart stress and/or the chance of musculoskeletal injuries.
- _____ In volunteering for this program, you agree to assume responsibility. You also agree and represent to the best of your knowledge that you have no physical limitations, physical conditions or physical disabilities that affect your ability to participate in an exercise program.
- _____ A physician's examination is recommended for all participants with any exercise restrictions. Personal training participants in this category who do not have a prior physician examination must acknowledge they have been informed of its importance and have decided not to obtain it.
- _____ By initialing here and signing below, you accept full responsibility for your own health and well-being and you acknowledge an understanding that no responsibility is assumed by any employee or independent contractor of Body Evolution.

Personal Training Terms & Conditions

1. Personal training sessions that are not rescheduled or cancelled 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 or Body Evolution.
3. Body Evolution's Expiration Policy requires completion of all personal training sessions within 120 days (approx. 4 months) from the date of the contract. Any unused personal training sessions are void after this time period.
4. Refunds will not be issued for unused personal training sessions unless Body Evolution has received written notice of the extenuating circumstances and agrees to the refund.

I have read and understand all the rules and regulations of this Personal Training Contract Agreement. I agree and have disclosed all pertinent information:

Name of Personal Trainer (print): _____

Name of participant (print): _____

SIGNATURE of participant: _____

SIGNATURE of parent/guardian if client is under age 18: _____

Total investment: _____ Number of sessions: _____

Date of enrollment: _____ Date of expiration: _____

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Personal Health History

Full Name:	Date of Birth: / /
Address/City/State/Zip:	
Home Phone:	Cell Phone:
E-mail Address:	

Past and Present Health History (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Diseases of the heart and arteries | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Abnormal electrocardiogram (ECG) | <input type="checkbox"/> Abnormal chest X-ray |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Angina pectoris (chest pain) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other lung diseases |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Orthopedic or muscular problems |
| <input type="checkbox"/> Diabetes | |

If any of the above is checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

- Yes No Are you currently involved in a regular aerobic exercise program such as: Walking, jogging, cycling, swimming, step aerobics, etc?
- Yes No Are you currently participating in weight training?
- Yes No Do you perform stretching exercises on a regular basis?

What best describes your level of physical activity during the past 4-6 weeks?

- Very Active Moderately Active Occasionally Active Inactive

Personal Health History — Continued...

Please indicate any additional exercise information which you think is important for us to know prior to fitness testing or exercise.

Yes No Is there a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease, or epilepsy?

If **YES**, please provide information regarding who the relative is, the medical problem, and the age at onset or death:

Yes No Do you currently smoke cigarettes?

If **YES**, how many cigarettes per day?

If you smoked in the past, when did you quit?

Yes No Are you currently taking medication prescribed by a physician?

If **YES**, indicate **name** of medication, **dosage**, and **reason for taking it**:

Please indicate any additional medical information that you think is important for us to know prior to fitness testing or exercise.

SIGNATURE of participant:

SIGNATURE of parent/guardian if client is under age 18:

Today's Date:

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Informed Consent

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to train workshop participants on techniques to determine physical fitness, cardiovascular function, and health status. Please initial where indicated to acknowledge your understanding of each item.

- _____ All exercise testing and physical activity sessions are voluntary and will be supervised and monitored by trained exercise technicians. These activities include walking, running, weight training, and callisthenic exercises performed in either field or gymnasium settings.
- _____ There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heartbeats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action.
- _____ I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.
- _____ In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Name of participant (print): _____

SIGNATURE of participant: _____

SIGNATURE of parent/guardian if client is under age 18: _____

Description of program: _____

Today's Date: _____