



PERSONAL TRAINING AGREEMENT

The following will act as an agreement between the client and the personal trainer for all training sessions.

1 hour session – \$50
1 hour session – package of 4 – \$180
1 hour session – package of 8 – \$344
1 hour session – package of 12 – \$492

1 30-minute session \$30
30-minute session – package of 4 – \$120
30-minute session – package of 8 – \$216
30-minute session – package of 12 – \$300

- All fees will be due on the day of your first scheduled personal training session.
- All training sessions must be completed within 6 months of the initial start date. All sessions not completed will be forfeited after 12 months if arrangements are not made with the trainer before expiration.
- You may request to change personal trainers at any point during your sessions.
- Once you have begun training, you may not alter your package plan. Partial or pro-rated refunds will not be granted.
- Personal training sessions are transferable between immediate family members.

Client Obligations:

- The client will be on time to all sessions. If the client is more than 15 minutes late to an hour session, the session will be considered a “NO SHOW” and the trainer may leave the premises. The client is still responsible for 100% of the fee.
- In order to cancel or reschedule a session, you must contact your trainer at least 24 hours in advance of the scheduled appointment or you will be charged for the session.
- The client will advise the trainer of any injuries, health conditions, or other exercise limitations as they occur.

Personal Trainer Obligations:

- The trainer will develop an individualized exercise program for the client based on fitness level and individual goals.
- The trainer will instruct proper form and safety throughout each session.
- The trainer will answer any questions to the best of his/her knowledge and ability, or research the inquiry.

My personal training fees and obligations have been fully explained to me. I understand and agree to the above personal training agreement.

Client Signature _____ Date _____

Trainer _____ Date _____

Please list the preferred days/times for personal training:



FITNESS & WELLNESS

HEALTH HISTORY FOR PERSONAL TRAINING PROGRAM

Last Name	First	MI
Address		
City	State	Zip code
Day Phone Number	Evening Phone Number	Date of Birth
Emergency Contact	Phone Number	Relationship

Please check appropriate conditions which apply to you:

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Circulatory Disorders
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Palpitations/Rapid Breath	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Kidney/Liver Disease
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Chest Pains	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Major/Chronic Illness	<input type="checkbox"/> EKG Abnormalities	<input type="checkbox"/> Cigarette Smoking	<input type="checkbox"/> Bone/Joint Problems
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Back Injury
<input type="checkbox"/> Stroke	<input type="checkbox"/> Ankle Swelling	<input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> Arthritis/Bursitis
<input type="checkbox"/> Claudication	<input type="checkbox"/> Leg Pain	<input type="checkbox"/> Obesity	<input type="checkbox"/> Seizures
<input type="checkbox"/> Difficult/Painful Breathing	<input type="checkbox"/> Recent Injury/Surgery	<input type="checkbox"/> Family History of Heart Disease	<input type="checkbox"/> Other
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Exercise Induced Asthma	<input type="checkbox"/> Taking Medication*	

Provide a brief medical history including hospitalization, surgery and explanation of conditions checked above:

*List all medications (Name, dosage, purpose) _____

Exercise History

Do you exercise regularly (3+ times/week) Yes No
 Type of Exercise Day/Week Minutes/Day

Do you have any exercise limitations? Yes No
 If yes, please explain:

Exercise Goals

What do you wish to accomplish in a cardiovascular conditioning program?

☐ Weight Control ☐ Athletic Performance
☐ Change Body Comp. ☐ General Health
☐ Other _____

What do you wish to accomplish in a strength training program?

☐ Tone Muscle ☐ Muscular Endurance
☐ Gain Strength ☐ Activity Performance
☐ Not interested in Strength Training
☐ Other _____

Other Goals: _____



INFORMED CONSENT FOR PARTICIPATION IN PERSONAL TRAINING

1. Purpose and explanation of procedure

I hereby voluntarily consent to engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my general health and well-being. These may include nutrition counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a series of fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. I agree to participate in all scheduled formal program sessions. Professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and other health/fitness-related programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that while I exercise, a personal fitness trainer will periodically monitor my performance and perhaps measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. Risks

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be expected and available alternatives to exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 3 to 6 months.

4. Confidentiality and use of information

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same do not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. Inquiries and freedom of consent

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally, these requests have been noted by the interviewing staff with his/her responses as follows:

I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate. I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same. I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Client signature: _____ Date: _____

Witness _____ Date: _____