



Personal Training Information

Name:	
Phone: ()	Date:
Email:	DOB:
Employer/Occupation:	
What is your preferred method of communication? (call, email, text)	
What days of the week are preferred for training?	
What times of day are preferred for training?	

Emergency Contact

Name:	
Phone: ()	Relation:

Health History Questionnaire

Please provide a brief explanation of any health conditions that may influence your ability to exercise. This includes but isn't limited to disease, medications, joint limitations, injuries or surgeries.

What are you doing well with Nutrition and where can you improve? Are you presently dieting or on a weight control program?

Training Information

Please provide a brief explanation of your current exercise program. Include types of activity and frequency.

What are your current health and fitness goals? Please be as specific as possible.

Do you foresee any barriers that may prevent you from adhering to a regular exercise program?

Informed Consent, Waiver and Release for BP Healthxfitness, LLC
Fitness Testing and Exercise Preparation

Name: _____

(Please Print)

I. Fitness Testing*

The purpose of the fitness testing program is to evaluate cardiorespiratory fitness, body composition, flexibility, and muscular strength. The cardiorespiratory fitness test involves a submaximal test that may include a bench step test or one-mile walk test. Body composition is analyzed by taking either several skinfold measurements to calculate percentage of body fat or via bioelectrical feedback. Flexibility is determined by the sit-and-reach test. Muscular strength may be determined by an upper-body bench press test. Muscular endurance may be evaluated by the one-minute, bent-knee sit-up test or the endurance bench press test.

*Fitness Testing is optional and based off participant's goals.

II. Exercise Program

I desire to engage voluntarily in the BP Healthxfitness, LLC's exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and thereby attempt to improve fitness. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at increasing intensity and cool down. The programs may involve walking, jogging, swimming, or cycling; participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increased workload on the body in order to improve overall fitness. The rate of progression is regulated by exercising to target heart rate and rate of perceived exertion.

III. Group Exercise Programs

I may participate in group exercise programs such as running, yoga and boot camps. I specifically waive fitness testing. I understand that group exercise is designed to place a gradually increased workload on group members. I further understand that I won't get the same personal attention that I would get in an individual exercise program, and that I have more responsibility to monitor my own well being in any group activity.

I affirm that I am responsible for monitoring my own condition throughout the tests and/or exercise program, and should any unusual symptoms occur, I will cease my participation and inform my instructor of the symptoms.

In signing this consent, waiver and release form, I affirm that I have read this form in its entirety and that I understand the description of the tests and their components. I also affirm that my questions regarding the fitness-testing and exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the fitness-testing program, I agree to consult my physician and obtain written permission from my physician prior to commencement of any fitness tests.

Also, in consideration for being allowed to participate in the fitness training and/or exercise program, I agree to assume the risk of such testing or exercise, and further agree to waive, release and hold harmless BP Healthxfitness, LLC and its staff members, agents and assigns from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the testing or exercise program.

x

**Signature/Initial of Participant or
Legal Guardian if under 18**

Date

Notice of Understanding and Consent of Training

By signing this consent, I acknowledge that I am informed of the following:

1. All payments must be made in full prior to commencement of personal training.
2. All packages must be used within one year of purchase. All sessions not used within one year are automatically forfeited. No refunds are given for unused sessions.
3. Personal training sessions may be rescheduled under the discretion of the trainer. Missed or canceled sessions are subject to counting as part of the package. This is decided by the trainer and client will be informed of reschedule or miss.

I, _____ understand and agree to the terms of this understanding and consent. I abide by such terms in order to begin and successfully continue my personal training program after it is initiated. I understand that I may discontinue training at any time without a refund of prepaid sessions

x

Participant Signature/Initial or
Legal Guardian if under 18

Date