PERSONAL TRAINING

CONTRACT

Congratulations on your decision to join a reputable exercise programme and improve your health and fitness!

With the aid of your personal trainer, you significantly increase your capacity to reach your training objectives much faster and of course safely. You can use the knowledge you get from these training sessions for the rest of your life.

You must adhere to the programme rules during supervised and, if required, unsupervised training days in order to make the most success. Never forget that eating well and exercising are both crucial!

All programme participants are advised to work out with their personal trainer three (3) times a week. However, a combination of supervised and unsupervised workouts is possible due to scheduling conflicts and budgetary factors.

Personal Training Terms & Conditions:

- Personal training sessions that are not postponed or cancelled with 24 hours' notice forfeit the session and the associated fee, which is equal to one session.
- Unless prior agreements have been made with the trainer, late clients will be given the remainder of the allotted session time.
- The expiration policy stipulates that all personal training sessions must be finished within __ days of the contract's start date. After this time, personal training sessions are null and invalid.
- 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:** _____

_____ _____ _____

Client Print Name **Client Signature** **Date**

LETS GET STARTED!

COACHING SUCCESS

GUIDELINES

Client Name:

All about the coaching process

Fitness coaching can help you to meet the goals that you have for your fitness when you take the time to develop a solid relationship with the coaching professional. It is the coach's objective to motivate you and hold you accountable for achieving your goals. From an outside standpoint, a fitness coach may be able to see areas of concern that you are not able to discern. In that sense, the process raises your awareness of a different way to handle your fitness goals.

My coaching philosophy

Explain your individual philosophy here. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Quisque laoreet tincidunt ex, sit amet semper magna aliquet nec. Suspendisse efficitur finibus consectetur. Aliquam eget magna libero. Mauris tempor ipsum sapien, quis iaculis velit malesuada non. Nulla pharetra purus nibh, ac ultrices dui luctus nec. Sed consectetur ex vitae sem auctor tincidunt. Maecenas scelerisque aliquam tellus, eu cursus metus consectetur in. Aliquam vel ligula a metus placerat convallis. In mauris tellus, interdum at velit ut, elementum sodales dui. Duis ornare congue sapien sed consectetur. In et nisl rhoncus, blandit massa et, luctus enim.

What is expected of the client

Each session must start on schedule, and the client must be prepared to work. As the coaching process progresses, they might need to be willing to adjust their goals. Coaches are objective rather than judgmental. In order for progress to occur both personally and professionally, coaches will pose challenging questions and demand challenging responses, but only in relation to the customers' fitness objectives. Clients do, however, retain the freedom to choose the subjects to discuss and to stop a topic if they don't wish to continue.

What is expected of the coach

The client's wants and needs should be listened to by the coach, who should try to work as much as possible within that framework. Each session will have rules that will be laid out in advance so that the client is aware of what behaviour will and won't be accepted. Each coaching session aims to help the client overcome any obstacles they may be facing, explain their goals through activities, and come up with ways to progress toward those goals together, i.e. through coming up with action items. To make these sessions successful, the client is required to hold oneself accountable for their actions and inactions.

COACHING POLICY DOCUMENT

Personal training sessions and workout programs are made to be safe, efficient, and suitable for your requirements and objectives. Depending on the package chosen, each session will last 30 or 60 minutes.

Lateness & No Show Policy:

It is required that personal training sessions start on schedule. A session will be forfeited if you arrive 10 or more minutes late for a 30-minute session or 15 minutes late for a 60-minute session. If the customer is late, the trainer has the right to leave the training facility. Unless prior arrangements have been made with the trainer, clients who arrive after their scheduled session has begun will only receive the time that is left. If the trainer is running late, the client shall be owed back the missed time at a time suitable to both the trainer and the client.

Cancellation Policy:

Please contact the trainer by phone, email, and/or other mutually agreed-upon means of communication at least 24 hours in advance if you are unable to show up for a scheduled training session; failing to do so will result in full payment for the session. At the trainer's discretion, modifications may be made and appointments may be rescheduled. A session is due to the client if the trainer cancels it.

Expiration Policy:

Packages and personal training sessions must be used within 120 days of the purchase date. After this time, personal training sessions and packages become invalid. There is no transferability for any personal training sessions or packages.

Refund Policy:

Packages and personal training sessions are not refundable.
In cases of injuries or changes in medical condition leading to physical limits, exceptions may be provided at the trainer's discretion (a doctor's note is required).

Complaints Policy:

If for any reason you are unhappy with the trainer, you may transfer to another trainer at any given time. In all circumstances, any sessions used with the previous trainer remain used. The trainer cannot prescribe treatment or diagnose medical conditions. They may at any time ask to consult with your doctor should any mental health or medical condition arise.

WAIVER OF
LIABILITY

Assumption of risk, waiver and release of liability, and indemnity agreement

Declarations:

This Agreement is entered into between personal trainer _____ ("Trainer") and the undersigned ("Client"). The provision of personal training services by Trainer to Client, and Client's use of any premises, facilities or equipment are contingent upon this Agreement.

Assumption of Risk:

You acknowledge that you do so at your own risk and assume responsibility for any injury and/or property damage you may sustain, whether or not you are exercising physically. This agreement extends to any physical activity you engage in, including personal training, as well as any time you enter our property or use any of the facilities or equipment there. This includes harm or loss incurred while on any property or while using any equipment, whether it was given to you by Trainer or not. It also includes harm or loss brought on by Trainer's negligence, whether active or passive, or that of any of Trainer's affiliates, employees, agents, representatives, successors, or assigns.

Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), sports fields, courts, or other areas, locker rooms, sidewalks, parking lots, stairs, pools, whirlpools, saunas, steam rooms, lobby or other general areas of any facilities, or any equipment. You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, jogging, running, aerobic activities, aquatic activities, tennis, basketball, volleyball, racquetball, or any other sporting or recreational endeavor.

You accept all risks associated with participating in any activity, class, programme, instruction, or event, including but not limited to weightlifting, jogging, walking, aerobics, swimming, tennis, basketball, volleyball, racquetball, and other sports or leisure activities.

You acknowledge that you are engaging in the aforementioned activities on your own volition and freely assume all associated risks, including, without limitation, any loss or theft of any personal property, whether resulting from Trainer's negligence or otherwise.

Release:

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program Such injuries may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to foot, or any other illness or soreness, including death.

This Waiver and release of liability includes, with out limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b)improper maintenance of any exercise equipment, premises or facilities, (c) negligence instruction or supervision, including personal training or classes, (d) slipping or tripping and falling of any portion of the premises where the HIIT E17 Classes take place, including injuries resulting from Luciann Webb negligent inspection or maintenance of the facility or premises.

Indemnification:

By execution of this agreement, you hereby agree to indemnify and hold harmless Trainer from any loss, liability, damage, or cost Trainer may incur due to the provision of personal training by Trainer to you.

Acknowledgments:

You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of _____ and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

You acknowledge that Trainer offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Trainer is not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by Trainer.

_____	_____	_____
Client Print Name	**Client Signature**	**Date**

INFORMED
CONSENT

Client Name **Email Address** **Phone Number**

Emergency Contact Name **Emergency Contact Phone Number**

I acknowledge that I have voluntarily chosen to participate in a program of intense physical exercise by a Business Name Trainer. I acknowledge that I have read and understand each of the statements below:

Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs),the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). All activities will be explained to you and demonstrated but you should feel free to ask any questions you may have at any point.

Description of Potential Benefits:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs),the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). All activities will be explained to you and demonstrated but you should feel free to ask any questions you may have at any point.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that personal trainer shall not be liable for any damages arising from personal injuries sustained by client while and during the personal training program. Client using the exercising equipment during the personal training program does so at his/her own risk. Client assumes full responsibility for any injuries or damages which may occur during the training. I hereby fully and forever release and discharge personal trainer, its assigns and agents from all claims, demands, damages, rights of action, present and future therein. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate.I state that I have read, understood and answered the Health Questionnaire (PARQ) honestly and have sought medical advice if I am in any doubt of my suitability to perform physical exercise and/or a nutritional plan.

If, at any time, you feel undue pain or excessive discomfort stop the activity immediately and inform the instructor of your symptoms. You are free to withdraw from any activity at any time you wish.

Client Signature **Date**

PHYSICAL ACTIVITY READINESS

QUESTIONNAIRE (PAR-Q)

The PAR-Q will inform you if you should consult your doctor before making significant changes to your physical activity routines if you are between the ages of 15 and 69. Consult your doctor if you are over 69 and not accustomed to being really active.

Please read the questions carefully and answer each one honestly. Tick YES or NO

YES	NO	
◯	◯	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
◯	◯	Do you feel pain in your chest when you do physical activity?
◯	◯	In the past month, have you had chest pain when you were not doing physical activity?
◯	◯	Do you lose your balance because of dizziness or do you ever lose consciousness?
◯	◯	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
◯	◯	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
◯	◯	Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions

You should consult with your doctor to clarify that it is safe for your to become physically active at this current time and in your current state of health.

If you answered NO to all questions

You can be reasonably sure that it is safe for you to participate in physical activity, gradually building up from your current ability level. A full fitness appraisal can help to determine your fitness.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in a acceptable level of exercise, and my participation involves a risk of injury.

Client Print Name **Client Signature** **Date**

Having answered yes to one of the above questions, I have sought medical advise and my GP has agreed that I may exercise.

Client Signature **Date**

Please note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer yes to any of the questions.

HEALTH HISTORY

QUESTIONNAIRE

Client Name _____ **Email Address** _____ **Phone Number** _____

Emergency Contact Name _____ **Emergency Contact Phone Number** _____

Have you had, or currently have, any of the following? (Check all that apply)

Present & Past Health History

- ◯ Heart attack
- ◯ Chest pains
- ◯ Diabetes
- ◯ Prediabetes
- ◯ High blood pressure
- ◯ Low blood pressure
- ◯ Kidney disease
- ◯ High cholesterol
- ◯ Lung disease
- ◯ Seizures
- ◯ Cancer
- ◯ Other: _____
- ◯ Any kind of heart disease or heart surgery
- ◯ Fainting or dizziness
- ◯ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ◯ Known heart murmur
- ◯ Muscle or joint problems (e.g., back, knee)
- ◯ Edema (swelling of ankles)
- ◯ Pain, discomfort in the chest, neck, jaw, arms, or other areas
- ◯ Unusual fatigue or shortness of breath at rest or with light activity
- ◯ Temporary loss of clear vision or speech or short-term numbness or weakness in one side, arm, or leg of your body
- ◯ Shortness of breath while lying down

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- ◯ Heart attack
- ◯ Congenital heart disease
- ◯ High blood pressure
- ◯ Other: _____
- ◯ High cholesterol
- ◯ Heart surgery
- ◯ Diabetes

_____

_____

_____

_____

Activity History

What exercise activities do you currently take part in (e.g., running, weightlifting, group exercise, etc.)?

How many days per week do you get at least 60 minutes of exercise?

Have you ever worked with a personal trainer previously? YES NO

On a scale of 0 to 10, how important are the following fitness goals to you?

Weight loss:	Muscle gain:	Sports performance:	Health improvement:
/ 10	/ 10	/ 10	/ 10

Diet

On a scale of 0 to 10, do you consider your overall diet to be healthy?

Are you currently following any kind of diet? If so, what diet and for what reason(s)?

How would you rank your daily salt intake: low, medium, or high?

How would you rank your daily sugar intake: low, medium, or high?

How would you rank your daily fat intake: low, medium, or high?

On a scale of 0 to 10, how effectively are you able to control your temptations for junk food?

How many alcoholic drinks do you consume per week?

Do you consume caffeinated beverages such as coffee, tea, soda, and/or energy drinks? How many per week?

Lifestyle

Do you feel like you get enough sleep and wake up feeling rested?

On a scale of 0 to 10, how would you rate your average level of stress?

What techniques do you currently use to manage your stress levels?

Do you smoke tobacco or use a vaporizer alternative?

Occupation

What is your occupation?

Does your occupation require extended periods of sitting? (If YES, please explain.)

Does your occupation require repetitive movements? (If YES, please explain.)

Recreation

Do you partake in any recreational physical activities? (If YES, please explain.)

Do you have any additional hobbies (gardening, fishing, etc.)? (If YES, please explain.)

Medical

Please list out any past musculoskeletal injuries:

Please list out any past surgeries:

If you have experienced injuries or surgeries, were they properly rehabilitated and did you receive clearance from a doctor to return to physical activity?

Do you have any chronic health conditions (such as, but not limited to, cardiovascular disease, pulmonary disorders, hypertension, diabetes, or cancer)? (If YES, please explain.)

Are you on any medications, and if so, have you received clearance from your doctor to take part in physical activity?

NEW CLIENT
CONSULTATION

Client Name _____ **Date** _____

What fitness goals do you wish to accomplish in the next 3-6 months?

1

2

3

4

Why are these goals important to you?

Have you tried to achieve any of these goals in the past?

Are you currently taking any action towards these goals? and if so what action?

What Type of Physical Activity Do You Do Regularly, If Any?

What Type of Exercise Do You Enjoy?

What Are Your Thoughts About Strength Training?

What Would Your Perfect Fitness Program Look Like?

What's Your Idea of a "Good Trainer"?

Are You Currently Under the Care of a Doctor?

What Do You Typically Eat in a 24-Hour Period?

CLIENT GOALS

QUESTIONNAIRE

Client Name _____ **Email Address** _____ **Client Age** _____

Client Height _____ **Client Weight** _____

Fitness History

How would you rate your current fitness level (1 = Unfit / 10 = Very fit)

1	2	3	4	5	6	7	8	9	10

How active outside the gym would you say you are?

1	2	3	4	5	6	7	8	9	10

Please list the physical activities that you participate in outside of the gym and how often:

How long has it been since your last workout?

What has your current exercise routine looked like over the last 3 months?

What type of equipment have you used?

◯ Free-Weights ◯ Machines ◯ Bodyweight ◯ No experience

What type of cardio equipment have you used?

◯ Treadmill ◯ Bike ◯ Cross-trainer ◯ Stairmaster ◯ Elliptical

Exercise Related

Is there anything in your current training you have felt to be particularly beneficial?

Is there anything in your current training you have felt to be NOT particularly beneficial?

Are there any exercises you are unable to perform due to injury?

What rep range(s) per set do you typically perform in most?

4-6	6-8	8-10	10-12	12-15	None

How many sets per exercise do you typically perform?

1	2	3	4	5+	None

How many exercises per body part per session do you typically perform?

1	2	3	4	5+	None

Please provide any other information you feel would be beneficial for me to know in relation to your exercise habits:

Developing Your Fitness Plan

Realistically how many days per week can you dedicate to training?

1	2	3	4	5+

Realistically how much time can you devote to each exercise session?

30 Minutes	45 Minutes	60+ Minutes

How dedicated are you to achieving your goal? (1 = Not at all / 10 = Very dedicated)

1	2	3	4	5	6	7	8	9	10

If you answered anything less than a 10 to the question above, why? What would be required to make it a 10?

Are you comfortable performing the main compound lifts (Deadlift, Squat, and Bench Press)? If not, please explain why.

What has your current exercise routine looked like over the last 3 months?

Where would you like to see the most improvement?

◯ Upper Body ◯ Lower Body ◯ Mid-section ◯ Endurance ◯ All

What are your primary area(s) of interest?

◯ Improved health ◯ Improved endurance ◯ Increased strength
◯ Increased muscle mass ◯ Fat Loss

Goal Setting

Please list your specific fitness goals you would like to achieve. (Think short term and long term)

Is there anything in particular that would HELP in terms of adhering to a training plan?

Is there anything in particular that would HINDER you in terms of adhering to a training plan?