



Waiver and Release

I, _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of Lori Bryant/Coppell Bible Fellowship (hereafter referred to as Fitness Professional/Facility). I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness-training program.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Fitness Professional/Facility. I will assume any additional expenses incurred that go beyond my health coverage. I will notify the Fitness Professional/Facility of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Fitness Professional/Facility or I will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items. I represent and warrant any and all equipment I provide for training sessions is for personal use only. Fitness Professional/Facility has not inspected my equipment and has no knowledge of its condition. I understand that I take sole responsibility for my equipment. I acknowledge that although Fitness Professional/Facility takes precautions to maintain the equipment, any equipment may malfunction and/or cause potential injuries. I take sole responsibility to inspect any and all of my or the Fitness Professional/Facility's equipment prior to use.

Although Fitness Professional/Facility will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators, and assigns, waive and release any and all claims against Fitness Professional/Facility and any of their staffs, officers, officials, volunteers, sponsors, agents, representatives, successors, or assigns and agree to hold them harmless from any claims or losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Fitness Professional/Facility.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF FITNESS PROFESSIONAL/FACILITY. I HEREBY AFFIX MY SIGNATURE HERETO.

_____ Date: _____
Client's name (please print clearly)

Client's signature

Client's address

_____ Date: _____
Parent/guardian signature (if applicable)

_____ Date: _____
Trainer's signature

Note: This document has been prepared to serve as a guide to improve understanding. Personal trainers should not assume that this form will provide adequate protection in the event of a lawsuit. Please see an attorney before creating, distributing, and collecting any agreements to participate, informed consent forms, or waivers.



Health History Inventory

(Long Version)

Please answer each of the questions in this inventory to the best of your ability. For each question, please mark the best choice, unless otherwise indicated. In some instances, you will need to write out your response. If you need assistance with answering any of these questions, please request assistance from a fitness professional. All of your responses will be treated in a confidential manner.

Name _____ Date _____

Age _____ Sex M F

Physician's Name _____

Physician's Phone (_____) _____

Person to contact in case of emergency:

Name _____ Phone _____

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program?

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Elevated blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any chronic illness or condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty with physical exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Advice from physician not to exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recent surgery (last 12 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pregnancy (now or within last 3 months) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of breathing or lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Diabetes or thyroid condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Cigarette smoking habit | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Obesity (BMI ≥ 30 kg/m ²) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Elevated blood cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. History of heart problems in immediate family | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Hernia, or any condition that may be aggravated by lifting weights or other physical activity | <input type="checkbox"/> | <input type="checkbox"/> |

Exercise History and Attitude Questionnaire

Name _____ Date _____

General Instructions:

Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

Yes No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

Yes No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity.

1 2 3 4 5

Characterize your present muscular capacity.

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

Yes No

7. How much time are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program

(circle the number):

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

9. How long have you been exercising regularly?

_____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day?

Yes No

12. Would an exercise program interfere with your job?

Yes No

13. Would an exercise program benefit your job?

Yes No

14. What types of exercise interest you?

- Walking Jogging Strength training
- Cycling Traditional aerobics Racquet sports
- Stationary biking Elliptical striding Yoga/Pilates
- Stair climbing Swimming Other activities

15. Rank your goals in undertaking exercise:

What do you want exercise to do for you? _____

Use the following scale to rate each goal separately:

Not at all important	Somewhat important	Extremely important
1 2 3 4	5 6 7 8	9 10

- a. Improve cardiovascular fitness _____
- b. Lose weight/body fat _____
- c. Reshape or tone my body _____
- d. Improve performance for a specific sport _____
- e. Improve moods and ability to cope with stress _____
- f. Improve flexibility _____
- g. Increase strength _____
- h. Increase energy level _____
- i. Feel better _____
- j. Enjoyment _____
- k. Social interaction _____
- l. Other _____

16. By how much would you like to change your current weight?

(+) _____ lbs (-) _____ lbs

PAR-Q AND YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

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 seven questions.



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If you answered "YES" to any question #1 - #7 under Par-Q & You page, you must complete this form.



Medical Release for Client to Exercise

Date _____

Dear Doctor _____:

Your patient, _____, wishes to start a personalized training program.
The activity will involve the following:

Type: _____

Frequency: _____

Duration: _____

Intensity: _____

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on exercise capacity or heart-rate response):

Type of medication(s): _____

Effect(s): _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

Thank you.

Sincerely,

Print name: _____

Address: _____

Phone: _____

E-mail: _____

_____ has my approval to begin an exercise program with the
(Patient's name)
recommendations or restrictions stated above.

Signed _____ Date _____ Phone _____
(Doctor's signature)