

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #'s: Home: _____ Mobile: _____ Work: _____

Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

To design a safe and effective fitness program, it is important that you complete the following health history. It is crucial that you answer all questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

Have you ever had pain or any problems in the following areas?

- | | | | |
|---------------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Elbows | <input type="checkbox"/> Wrists |
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Hips | <input type="checkbox"/> Knees |
| <input type="checkbox"/> Other: _____ | | | |

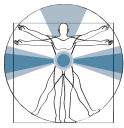
Please check all that apply:

- | | | | |
|---|--|------------------------------------|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis | |

Please check the appropriate response. If you answer yes to any of the following, please consult your physician before starting your program.

	YES	NO
Has your doctor ever told you that you have heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever told you that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stroke or heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had pain or pressure in your chest?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had pain in your arm, shoulder or neck?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had pain in your legs, butt or foot?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint, lightheaded or have dizzy spells?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had surgery in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had muscle, bone or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a chronic condition requiring special care?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant, or have you been pregnant in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received advice from a physician not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

I have read all of the above and do not need to consult my physician _____(Initials)



HEALTH HISTORY (CONT.)

YES

NO

Are you currently taking any medications?

☐☐

If yes, please list medications and the dosage, and explain the condition. _____

Are you currently undergoing treatment from any of the following?

☐ Physical Therapist

☐ Chiropractor

☐ Massage Therapist

If yes, why? _____

What is your current exercise level?

☐ None

☐ 2–3 times per week

☐ 4–5 times per week

What type? _____

What do you think your ideal weight should be? _____

Have you ever been at your ideal weight? _____

If yes, when? _____

YES

NO

Are you currently on any type of special diet?

☐☐

If yes, what type? _____

What are your exercise goals? Please number the following exercise benefits according to their importance to you (one being the most important)

Weight Loss _____

Weight Gain _____

Stress Reduction _____

Posture _____

Increase Strength _____

Cardiovascular Conditioning _____

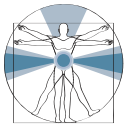
Other _____

Estimate how many hours of sleep you get each night _____

How would you rate your level of stress on a daily basis? ☐ Low ☐ Moderate ☐ High

My signature below indicates that I have read and understood the material above, I accept the risks associated with this fitness program and further do hereby release and hold harmless Premier Personal Training, LLC, its employees, and owners from any and all liability for injury to my person, whether or not such liability is based on allegations of negligence.

Signature _____ Date _____



RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Premier Personal Training, LLC and to use its facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Premier Personal Training, LLC and its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs, or services of Premier Personal Training, LLC or the use of any equipment at various sites, including home, provided by and/or recommended by Premier Personal Training, LLC.

(Please initial: _____)

2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also have been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial: _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs, and use equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment.

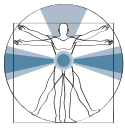
(Please initial: _____)

4. I understand that Premier Personal Training, LLC providing and maintaining an exercise fitness program for me does not constitute an acknowledgment, representation, or indication of my physiological well-being or a medical opinion related thereto.

(Please initial: _____)

Date _____

Signature _____ Trainer _____



PREMIER
Personal Training

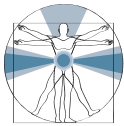
PERSONAL TRAINING POLICIES AND PROCEDURES

1. Please be ready to begin each training session at your scheduled appointment time. This may mean arriving early to warm up properly prior to the training session (10-15 minutes early). If you do arrive late, the training session will not be extended, as a courtesy to other clients.
2. Should you, the client, wish to reschedule an appointment, we will do our best to accommodate your request. If the trainer is unable to find an alternative time slot, and the request is placed less than 24 hours prior to the appointment, you, the client, will be charged for this appointment.
3. A 24-hour notice is required should you, the client, wish to cancel a training appointment.
4. A \$25.00 service fee will be imposed for any returned checks.
5. The client agrees to perform the exercise program as prescribed by Premier Personal Training, LLC and the client will perform exercises and take advice of staff at his/her own risk. Premier Personal Training will not be liable for any injury as a result of the exercise program.
6. All initial commitments to the program must be fulfilled. No money will be refunded for early termination of the agreement.
7. Beyond the initial commitment, all cancellations must be in writing prior to the 20th of the month to become effective the following month.
8. All missed sessions should be rescheduled for the week prior to or following your return when possible. Be proactive in planning around work and vacation travel.
9. Premier Personal Training will be observing the following holidays in 2022: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving (2 days), and Christmas (2 days).

By signing, client understands and agrees to the policies and procedures listed above.

Date _____

Signature _____ Trainer _____



PREMIER
Personal Training

AGREEMENT TO AUTHORIZE ELECTRONIC FUNDS TRANSFER OR AUTOMATED CREDIT CARD PAYMENT

CUSTOMER INFORMATION

First Name _____
Last Name _____
Address _____
Address _____
City _____ State _____ Zip _____
Day Phone _____
Evening Phone _____
E-mail _____

BILLING INFORMATION

(if different from customer information)

First Name _____
Last Name _____
Address _____
Address _____
City _____ State _____ Zip _____
Day Phone _____
Evening Phone _____
E-mail _____

PRICING INFORMATION

EFT Monthly Price \$ _____ Month to Start _____ Package _____

Tape a voided check here

NO DEPOSIT SLIPS/NO SAVINGS ACCOUNTS

OR

Complete for credit card payment

☐ Visa ☐ MasterCard

Expiration Date ____ / ____
Month Year

Security Code _____

I, (please print) _____ authorize Premier Personal Training to initiate debit entries to my account and financial institution on the voided check or credit card number provided. Transfer of funds will occur on the first business day of the month for the current month. Charge for non-sufficient funds/declined charges is \$5.00 per transfer.

Authorized Signature _____ Date _____

CANCELLATION PROCEDURES: Cancellation request must be in writing by the 20th of the current month and will be effective the following month.

I agree this authority is to remain in full force until the contract expires or until notice, with sufficient time to act, has been given to Premier Personal Training. Premier will not be liable for any special or consequential damages, whether direct or indirect, for any wrongful debit to my account. Premier reserves the right to terminate this agreement at any time.

Customer Initials _____