

# DesignerFitness

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB (mmm \_\_\_\_/dd \_\_\_\_/yyyy \_\_\_\_\_) Age: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Type of Program: \_\_\_\_\_ Body Fat % \_\_\_\_\_ Weight: \_\_\_\_\_

## QUESTIONS

1. Does your doctor know that you are about to participate in this exercise program?	YES	NO
2. Do you frequently have pains in your chest when you perform physical activity?	YES	NO
3. Do you lose your balance due to dizziness or do you ever lose consciousness?	YES	NO
4. Do you have a bone, joint or health problem that cause you pain while exercising?	YES	NO
5. Are you pregnant now or have you given birth within the last 6 months?	YES	NO
6. Have you had recent surgery?	YES	NO
7. On a scale of 1-10 (1=worst, 10=best) how would you rate your present fitness level?		
8. How often do you take part in physical activities during the week?		
9. If your participation is minimal, what are the reasons?		
10. Do you smoke? YES NO If so how much?		
11. List your 3 biggest sources of stress	1.	2.
		3.

## ACTIVITY RELATED QUESTIONS

1. What activities are you presently involved in?	
2. How often a week would you like to workout?	
3. How much time can you realistically commit to exercise weekly?	
4. List in order of priority your short term fitness goals	
a)	
b)	
c)	
5. How will you know when you have achieved your goals?	
6. Why do you want to work with a Personal Trainer?	
7. List your potential barrier to exercise?	How will you overcome them?
a)	
b)	

## NUTRITION QUESTIONS

1. On a scale of 1 – 10 (1 worst, 10 best) how would you rate your nutrition?
2. How many times a day do you eat (including snacks)?
3. Do you eat breakfast?
4. Do you eat late at night?
5. What activities do you engage in while eating (TV, driving, etc)?
6. How many glasses of water do you consume daily?
7. How many times per week do you eat out?
8. What foods do you crave?
9. What foods do you dislike?

### Waiver of Informed Consent and Participant release

“I \_\_\_\_\_, have enrolled in a program of strenuous physical activity including, but not limited to, aerobic fitness, weight training, jogging, bicycling, pilates, yoga and the use of various aerobic and muscular conditioning machinery. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration of my participation in Designer Fitness's Personal Training exercise program, for myself, my heirs and assigns, hereby release Designer Fitness and Personal Training Staff from any claims, demands and causes of action arising from my participation in the exercise program,”

“I fully understand that I may injure myself as a result of my participation in Designer Fitness’s Personal Training exercise program and I hereby release Designer Fitness and the trainer from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower-back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.”

**I have read and understand these terms: \_\_\_\_\_ (initial)**

“I understand that I am not obligated to perform or participate in any activities I do not wish to do, this is my right. If I feel lightheaded, faint, dizzy or in pain I will inform my trainer. I understand the results of the fitness programs depend on my effort and cooperation in and outside of the sessions.”

**I have read and understand these terms: \_\_\_\_\_ (initial)**

“I understand that all training sessions are based on 25 min or 55 min sessions and should I arrive late, there is no guarantee that I will receive the full session with my Trainer. In return, if my Personal Trainer is late, I will still receive the full session time. I also recognize that 24 hour cancellation notice is required for each personal training session. Failure will result in session charge.”

**I have read and understand these terms: \_\_\_\_\_ (initial)**

“I understand that should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer.

**I have read and understand these terms: \_\_\_\_\_ (initial)**

I have read this release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_