

A few samples of the forms in the Manual...

Terms and Agreement Form

We at **YOUR COMPANY NAME HERE** appreciate that our clients lead busy lives with numerous commitments. We understand that that may be the odd occasion where a scheduled training appointment will need to be changed and we will do our best to accommodate.

Please read and sign your

On a scale of 1-10, how would you rate your current fitness level (1 = worse, 10 = best)?

If your current fitness level is not what you believe it should be, what are the primary reasons?

- Lack of interest
- Not interested
- Illness or injury

CANCELLATIONS: Try to arrive on time. If less than 24 hours notice is given, a cancellation fee will be charged.

TARDINESS: As many sessions as possible will be provided. If you arrive late you will receive a full hour session.

EXPIRATION DATE: The expiry date of this membership is _____.

Fitness Questionnaire

Which of the following activities are you currently doing?

- Walking
- Jogging
- Running
- Swimming
- Cycling
- Aerobic classes
- Strength training
- Other: _____

Realistically, how often do you exercise per week?

Realistically, how long does your exercise session last?

What are the best reasons for you to exercise?

If you could design a specific and list your goals, what would they be?

Monday

Our commitment is to help you reach your goals. I understand and accept this.

Signature: _____

Trainer: _____

Fitness Release

I, _____ of _____, do hereby release and hold harmless _____ from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by _____ in connection with my participation in the personal fitness training program.

I understand that while I exercise, a personal fitness trainer may monitor my heart rate, blood pressure, and perhaps measure my pulse and blood pressure or assess my feelings.

Client Assessment Results Form

Client Name: _____

Assessment Date: _____ Assessment performed by: _____

DOB: _____ Age: _____ Sex: _____

Resting Measures:

Clients self-predicted Resting HR: _____ bpm

Resting HR #1: _____ bpm

Resting HR #2: _____ bpm

Resting BP: _____ mmHg

Training Zone Calculation:

MHR Method: _____

Karvonen Method: _____

Anthropometric Measurements:

Height (inches): _____ (m)

Weight (lbs): _____ (kg)

BMI (kg/m²): _____ Rank: _____

Waist (inches or cm): _____ (m)

WHR [waist / hip]: _____ Rank: _____

Shoulder girth: _____

Chest girth: _____

Upper Arm girth: _____

Thigh girth: _____

Calf girth: _____

Bioelectrical Impedance: _____ % BF Rank: _____

Postural analysis:

Kyphotic-lordotic Sway-Back Flat-Back Rounded Belly

Tight muscles: _____

Elongated/Weak: _____

Flexibility:

Trunk Flexion (inches): _____ Rank: _____

Other: _____ Rank: _____

INFORMED CONSENT for PARTICIPATION in a PERSONAL FITNESS TRAINING PROGRAM for APPARENTLY HEALTHY ADULTS (without known or suspected heart disease)

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress management and health/fitness education activities. The levels of exercise I perform will be based upon my cardio-respiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. I agree to participate _____ times per week for a period of _____ week(s) in the formal program sessions. Professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management and other health/fitness-related programs. If I am prescribed medications, I have already so informed _____ and I further agree to inform them promptly of any changes my doctor or I make with regard to the use of these. I will have the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrence occur. At that point, I have been advised that it is my complete right to decrease or stop my exercise and it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby affirm that I have read and agree to inform the personal fitness training program personnel of my symptoms, should any occur, and I agree to inform the personal fitness training program personnel of my symptoms, should any occur, and I agree to inform the personal fitness training program personnel of my symptoms, should any occur.

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Forms in Manual:

1. PAR-Q
2. PAR-Med X
3. PAR-Med X for Pregnancy
4. Medical Waiver / Questionnaire
5. Informed Consent A
6. Informed Consent B
7. Informed Consent for Personal Training
8. Fitness / Lifestyle Questionnaire
9. Workout Card
10. Session Tracking Sheet
11. Assessment Sheet
12. Goal Setting Worksheet
13. Cancellation Policy
14. Exercise Tracker
15. Weekly Nutrition Log
16. Sample Brochure A
17. Sample Brochure B
18. Sample Invoice
19. Canada Food Guide
20. Prices Sheet
21. Physician Approval Form

SAMPLES ONLY

A word of advice
 Never use legally binding forms that have not been proof-read by a lawyer. A lawyer will ensure your forms meet all legal requirements.

