



Personal Training Studio

Small Group Personal Training Consent Form

Name _____ Date _____

Address _____ Gender (circle one) M F

City, State, Zip _____ Date of birth _____

Telephone _____ Email _____

Emergency Contact _____ Relationship _____ Phone _____

Thank you for choosing Ufit2 Fitness as a part of your commitment to health and fitness. Our skilled fitness professionals look forward to assisting you in reaching your goals. The following information will provide you with important program policies. Before getting started, please read and sign this form so that we can be sure that you have been provided with and understand our policies.

If you answer 'yes' to any of the questions in the Pre-Participation Checklist, it is strongly recommended that you seek medical advice about the type of activity that is safe and appropriate for you before going any further with a fitness program.

Pre-Participation Checklist

	Yes	No
1. Has a doctor ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you suffer frequently from chest pains?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a doctor ever said your blood pressure was too high?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has or could be aggravated by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you over age 65 and not accustomed to any exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you taking any prescription medications, such as those for heart problems or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a good physical reason not mentioned here that you should not follow an activity program?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer 'yes' to any question, it is strongly recommended that you consult with your medical provider before beginning to exercise.

Note: From the PAR-Q Validation Report (modified) by the British Columbia Department of Health, D.M. Chisolm, M.I. Collins, W. Davenport, N. Gruber, L.L. Kulak, 1975, *British Columbia Medical Journal*, 17

1. PURPOSE & EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of group fitness instruction.

I consent to performing fitness activities that are recommended to me for improvement of my general health and well-being, including but not limited to stability balls, free weights, medicine balls, and various weight training and aerobic-conditioning equipment.

I understand that I may be asked to undergo exercise tests other fitness assessments prior to the start of fitness participation in order to evaluate and assess my present level of fitness.

I understand that screening and initial testing is intended to provide the staff with essential information used in the development of fitness programs and monitoring my progress.

I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician.

I understand that professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort.

I understand that while I exercise, a fitness instructor will periodically monitor my performance and assess my feelings of effort for the purposes of monitoring my progress. I also understand that the fitness instructor may reduce or stop my exercises when any of these findings so indicate that this should be done for my safety and benefit.

I understand that I am expected to attend every class.

I have been informed that during my participation in this fitness training program, I will be asked to complete the physical activities UNLESS symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my

complete right to decrease or stop exercise and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms, should any develop. _____ Initials

I understand that during the performance of my fitness training, physical touching and position of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. RISKS. I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. Further, I have been informed and I understand that there exists the risk of bodily injury, including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise class, by staff supervision during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing those risks, it is my desire to participate as herein indicated.

Participants must be cleared of any risk factors associated with physical activity before services can be offered. If risks are identified the client will be required to provide the trainer with an official physician's referral document stating that the client has been cleared to engage in a physical activity program. Trainers are not permitted to train participants under any other conditions or circumstances.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE. I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort.

4. CONFIDENTIALITY AND USE OF INFORMATION. I have been informed that the information obtained in this fitness program will be treated as privileged and confidential and will, consequently, not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes, so long as same does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. PAYMENT AGREEMENT. I understand and agree that payments are to be made in advance of this session. Each class shall be at least 60 minutes in duration. I understand that payments are non-refundable.

6. EXPIRATION DATE. Unused classes may be frozen for medical purposes only and require medical documentation. Frozen classes can be held for six months from the date of issue.

7. TARDINESS AND CANCELLATIONS. All clients and trainers are encouraged to be prompt. If a client arrives late, this time will be deducted from the class. Similarly, if a trainer arrives late, the amount of time will be added for an extended class or prorated towards a new class. I understand that I will be charged for any unused classes that I miss. If the trainer does not contact me at least 24 hours in advance to cancel or reschedule the class, I will receive a complimentary class. We request that this class be used within six months of the date of issue.

8. CREDITS AND REFUNDS. We request that credits be used within six months of the date of issue. There are no refunds so please be sure that our services will match your needs before committing through payment. If you find that your needs change once you have begun this program, please let us know; we are eager to find a way to accommodate you.

9. INQUIRIES AND FREEDOM OF CONSENT. I further understand that there are also other remote risks that may be associated with this fitness instruction program. Despite the fact that a complete accounting of all those remote risks has not been provided to me, I still desire to participate.

I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury, and even risk of death, and knowing and appreciating those risks, I voluntarily choose to participate in assuming all risks of injury or even death due to my participation.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same. I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Signature _____

Date _____

Print Name _____