

CLIENT PROFILE



Date: _____ Name: _____

Address: _____

City: _____ State: GA Zip: _____

Home: (_____) _____ Work: (_____) _____ Email: _____

DOB: ___/___/___ Age: _____ M (___) F (___) Wt. _____ Ht. _____ M.H.R. _____ B.P. _____

	FEMALE		MALE
Triceps	_____	Biceps	_____
Crest	_____	Stomach	_____
Thigh	_____	Subscapular (Back)	_____
TOTAL %	_____	TOTAL %	_____

Lean Body Mass (Scale Wt. – Fat Wt.) = _____ Fat Wt. % (Body Wt. % x Scale 8) = _____

3 Min. Step 1 Min. Rest _____ 60sec. S/U _____ Flexibility Test _____ Lower Back _____

Hamstring _____ Shoulder-External Rotation (L) _____ (R) _____ Internal Rotation (L) _____ (R) _____

Hip Reflexor (L) _____ (R) _____ Calves (L) _____ (R) _____ Soleous (L) _____ (R) _____

Lung Capacity Test _____ Strength Test (L) _____ (R) _____

*****UPDATE*****

Date: _____

	FEMALE		MALE
Triceps	_____	Biceps	_____
Crest	_____	Stomach	_____
Thigh	_____	Subscapular (Back)	_____
TOTAL %	_____	TOTAL %	_____

Lean Body Mass (Scale Wt. – Fat Wt.) = _____ Fat Wt. % (Body Wt. % x Scale 8) = _____

3 Min. Step 1 Min. Rest _____ 60sec. S/U _____ Flexibility Test _____ Lower Back _____

Hamstring _____ Shoulder-External Rotation (L) _____ (R) _____ Internal Rotation (L) _____ (R) _____

Hip Reflexor (L) _____ (R) _____ Calves (L) _____ (R) _____ Soleous (L) _____ (R) _____

Lung Capacity Test _____ Strength Test (L) _____ (R) _____

HEALTH HISTORY FORM

Participant Name: _____ Age/D.O.B: _____ / _____ /19_____

Name and phone number of person to contact in case of an emergency:

Name: _____ Phone: _____

Are you taking any medications such as beta-blockers, diet pills or herbal supplements that may affect your heart rate or any other aspect of your performance and/or health in this program? YES NO

Do you have a physician's release to engage in physical activity? YES NO

Do you now have, or have had in the past: (Please explain on the back.)

- | | | |
|--|-----|----|
| 1. History of heart problems?..... | YES | NO |
| 2. Increased blood pressure?..... | YES | NO |
| 3. Any chronic illness or condition?..... | YES | NO |
| 4. Difficulty with physical exercise?..... | YES | NO |
| 5. Advise from a physician NOT to exercise?..... | YES | NO |
| 6. Surgery within the last year?..... | YES | NO |
| 7. Pregnancy (now or within last three months)?..... | YES | NO |
| 8. History of breathing or lung problems?..... | YES | NO |
| 9. Muscle, joint, or back disorder?..... | YES | NO |
| 10. Diabetes or thyroid condition?..... | YES | NO |
| 11. Obesity (more than 20 percent over ideal body weight)?..... | YES | NO |
| 12. Increased blood cholesterol?..... | YES | NO |
| 13. History of heart problems in immediate family?..... | YES | NO |
| 14. Hernia, or any condition that might be aggravated by resistance training?..... | YES | NO |

If you answered, "yes" to two or more of these listed conditions, you may be at increased risk of potential complications during a rigorous exercise program and need to get a signed release from your physician to participate in rigorous activity.

I have answered this health history form truthfully and understand that it is in my best interest to obtain a physician's release if I am at increased risk:

SIGNATURE:

DATE:



WAIVER & RELEASE FORM



Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a release of liability. You expressly agree to release and discharge Creative Fitness from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Harry Brewster for personal injury or property damage.

To the extent that statute or case law does prohibit releases for negligence, the release is also for negligence.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____

Printed Name: _____

Dated: ___/___/___

Client/ Trainer Agreement



Client Agreement

When starting a Personal Training Program, the client _____ agrees to take responsibility during the program to ensure the proper results of the program. The responsibilities are as follows:

1. Follow Meal Planning
2. Do Required Cardio - _____ hours per week
3. Be Consistent with Training Sessions
4. Do Off Session Training
5. Follow Instructions

Client Initials: _____

Clients are also responsible for keeping the trainer informed of **ALL CHANGES IN SCHEDULE**. Trainer must be notified of cancellation **at least one hour before session begins!** Failure to comply could result in a loss of that session. Excessive no-shows or cancellations could mean the forfeit of remaining sessions. Trainer reserves sessions for as many as 2 (two) clients per hour.

Sessions must be completed within 30 days of the last scheduled session. Sessions exceeding this time may be forfeited. Also, clients are asked to pay for additional session at their last scheduled session.

Client Initials: _____

I, _____, have been informed, in detail, of the complete services Harry Brewster will provide me as my personal trainer. (See trainer agreement section below.)

I, _____, agree to pay Harry Brewster \$ _____ for _____ sessions.

Start Date: _____ **Completion Date:** _____

Trainer Agreement

I, Harry Brewster, agree to provide the following services for my client, _____, in accordance with the following terms:

1. Fitness Assessment (Body Fat, Flexibility & Strength Testing)
2. Meal Planning with Lifestyle Consideration & Modification
3. Short- & Long-term Goal Planning
4. Specialized Training Requirements
5. Consultation, Motivation & Support

Additional: _____

Trainer Initials: _____

*Notice – Please remember that your trainer, Harry Brewster has your best interest at heart and wants you to reach your goals. It is good for you and good for your trainer’s business and reputation. Feel free to ask questions concerning your workout. Remember – “An educated client is a client on their way to success.”

Client Signature _____ Date: _____

Trainer Signature _____ Date: _____