

# The Exer**Science** Center

## Personal Training

**BE HERE NOW**

Mind. Body. Spirit.

Welcome to Personal Training at The ExerScience Center. We commend you on making the decision to take an active role in your health and wellbeing. Our staff is dedicated to helping you take proactive steps towards reaching your goals, improving yourself, and your quality of life!

Please take the time to complete the following forms. Upon submitting your completed forms and payment, your Personal Trainer will contact you within 48 hours to schedule your initial assessment and consultation.

# The ExerScience Center

## Client Profile

Client Name: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## Preferred Days and Times

	8 - 12 AM	1 - 5 PM	6 - 8 PM
<b>Monday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tuesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wednesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Thursday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Friday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Saturday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sunday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# The ExerScience Center

## Physical Activity Readiness Questionnaire (PAR-Q)

Please list any medical issues that you have been treated for or are currently undergoing.

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Are you currently experiencing any pain during daily activities? If yes, please explain.

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Have you previously or currently had any heart conditions? Stroke, heart attack or heart surgery?

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Have you been told to only participate in physical activity recommended by a doctor?

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In the past month, have you had chest pain when you were not doing physical activity?

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Do you lose balance because of dizziness or do you ever lose consciousness?

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Have you ever been told by a doctor that you have bone, joint, or muscle problem that could be made worse by physical activity?

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# The ExerScience Center

## Physical Activity Readiness Questionnaire (PAR-Q) Cont.

Do you have a diagnosed illness that could be made worse by physical activity?

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Is your doctor currently prescribing medication for your blood pressure or heart condition?

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Do you know of any other reason why you should not do physical activity?

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Please list any medications or supplements you are currently taking.

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Do you have any allergies? Please list.

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If you are a female, could you be pregnant?

Yes     No

Please check one, if applicable

Male 45 and older

Female 55 and older

N/A



# The ExerScience Center

## Fitness Participation Agreement

I have voluntarily chosen to participate in fitness activities offered by The ExerScience Center. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation.

I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations.

I understand that by signing this agreement that I hereby waive and release The ExerScience Center, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation.

I affirm that I have read and understand this document and I wish to participate in fitness activities.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Printed Name

Date

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature or Signature of Parent/Guardian (if under age of18)

Date

# The ExerScience Center

## Testimonial and Photo Release Form

I understand my testimony may be used in connection with publicizing and promoting The ExerScience Center. I authorize The ExerScience Center to use my name, photograph, brief biographical information and testimonial.

I grant The ExerScience Center, its representatives and employees the right to use my name, photograph, brief biographical information and the testimonial in various marketing initiatives. I understand that this information may be used in various mediums for such purposes as publicity, illustration, advertising and Web content. I authorize The ExerScience Center to copyright, use and publish these materials in both print and electronic formats for purposes of publicizing The ExerScience Center.

In addition, I waive any right to inspect or approve the finished product wherein my likeness or my testimony appears. I agree that I will make no monetary or other claim against The ExerScience Center for the use of my name, photograph, brief biographical information and testimonial.

I hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use The ExerScience Center, including without limitation any and all claims for libel or invasion of privacy.

I hereby warrant and represent that I am at least 18 years of age and have the right to contract in my own name. I have read the above Release and am fully familiar with the contents thereof. This Release contains the entire agreement between the parties hereto as to the subject matter contained herein.

I have read, understand and agree to the above.

Yes, I agree with the terms.

No, I do not agree.

\_\_\_\_\_  
Client Testimonial Provider Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Signature of Parent/Guardian (if under age of 18)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# The ExerScience Center

## Health & Fitness Liability Waiver / Informed Consent

"I, \_\_\_\_\_, have enrolled in the personalized health and fitness program offered through The Exerscience Center. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by The Exerscience Center." "In consideration of my participation in this program, I, \_\_\_\_\_, hereby release The Exerscience Center and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment." " I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, \_\_\_\_\_, hereby release The ExerScience Center and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_

Client Testimonial Provider Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Signature or Signature of Parent/Guardian (if under age of18)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date



# The ExerScience Center

## Waiver and Release of Liability and Indemnity Agreement

Upon signing this Agreement and forever thereafter, you agree that if you participate in or attend an event with The Exerscience Center, you do so at your own risk and assume the risk of any and all injury and/or damage you might sustain, regardless of whether you are a participant, a spectator, or otherwise. Your assumption of risk includes but is not limited to the use of any sports or other equipment (mechanical or otherwise), and accessing The ExerScience Center premises.

You further agree to assume the risk of your participation or presence at any sporting event, practice, activity, class, program, instruction or The ExerScience Center sponsored event. You agree that you are voluntarily participating in the aforementioned activities and assume all risk, known and unknown, associated with same. You agree on behalf of yourself (and your spouse, all your children, personal representatives, heirs, executors, administrators, agents, and assigns) to forever release and discharge The ExerScience Center, their owners, employees, agents, representatives, affiliates, successors, and assigns from any and all claims or causes of action (known or unknown) arising out of the negligence of The ExerScience Center, whether active or passive, or that of any of its affiliates, employees, agents, representatives, successors, and assigns.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any equipment or facilities which may malfunction or break, (b) The ExerScience Center improper maintenance of any exercise equipment or facilities, (c) The ExerScience Center negligent instruction or supervision, including personal training, strength training, refereeing and coaching, (d) you slipping or tripping and falling while on The ExerScience Center premises, including The ExerScience Center negligent inspection or maintenance of such premises, and (e) you sustaining personal injuries as a result of the dangerous condition of property on which you are present in relation to any The ExerScience Center function, including The ExerScience Center 's negligent inspection or maintenance of such premises.

Intials: \_\_\_\_\_

# The ExerScience Center

## Waiver and Release of Liability and Indemnity Agreement Cont...

By executing this Agreement, you hereby agree to indemnify and hold harmless The ExerScience Center from any loss, liability, damage, or cost The ExerScience Center may incur due to your presence at any The ExerScience Center premises or facility. You further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state in which this agreement is entered into, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that The ExerScience Center provide a service to their members and is not in the business of selling, leasing, or otherwise placing into the stream of commerce exercise or sports equipment, or other such products, and the use of any such items is incidental to the service provided by The ExerScience Center.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. YOU ARE AWARE AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE, YOU ARE GIVING UP YOUR RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST The ExerScience Center FOR THEIR NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON THEIR PREMISES. YOU HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE. YOU AGREE, FOR YOURSELF AND YOUR SPOUSE, CHILDREN, SUCCESSORS, HEIRS AND ASSIGNS, THAT THE ABOVE REPRESENTATIONS ARE CONTRACTUALLY BINDING, AND ARE NOT MERE RECITALS, AND THAT SHOULD YOU OR YOUR SUCCESSORS ASSERT ANY CLAIM IN CONTRAVENTION OF THIS AGREEMENT, THE ASSERTING PARTY SHALL BE LIABLE FOR THE EXPENSES (INCLUDING REASONABLE ATTORNEYS FEES) INCURRED BY THE OTHER PARTY OR PARTIES IN DEFENDING AGAINST ANY SUCH ACTION.

\_\_\_\_\_  
Client Testimonial Provider Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Signature of Parent/Guardian (if under age of18)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date