



### CLIENT INFORMATION QUESTIONNAIRE

Please complete prior to your first scheduled session.

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (m) \_\_\_\_\_ (o) \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State Zip Code

**Please provide 12 hours notice if you need to cancel or reschedule your Pilates/Personal Training appointment.**

#### PAR-Q FORM

Please mark YES or No to the following:

YES NO

\_\_\_ Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

\_\_\_ Do you frequently have pains in your chest when you perform physical activity?

\_\_\_ Have you had chest pain when you were not doing physical activity?

\_\_\_ Do you lose your balance due to dizziness or do you ever lose consciousness?

\_\_\_ Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?



\_\_\_ Are you pregnant now or have given birth within the last 6 months?

\_\_\_ Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

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\_\_\_ Do you take any medications, either prescription or non-prescription, on a regular basis?

What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

How committed are you to achieving your fitness goals? Very    Semi    Not very  
What do you think the most important thing Denise can do to help you achieve your fitness goals?

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Miscellaneous Questions:

1. How did you hear about Quality of Life Fitness?

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2. If you were referred to us, who told you about our services?

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3. Why did you choose to train with Quality of Life Fitness instead of another organization?

Please check that which applies.

Location    Personal Trainers    Cost    Customer Service    Word of Mouth  
Programs

Other \_\_\_\_\_



## PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Quality of Life Fitness/Denise Shaw. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that Quality of Life Fitness/Denise Shaw shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Quality of Life Fitness/Denise Shaw from all claims, actions, judgments and the like which I may claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons.

I have read and understand this term: \_\_\_\_\_(initial)

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term : \_\_\_\_\_(initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

I have read and understand this term : \_\_\_\_\_(initial)

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term : \_\_\_\_\_(initial)

I understand that all Private Personal Training rates are based on 40 (express workouts) or 60 minute sessions and should I arrive late; there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time or time credit applied to future session.

I have read and understand this term: \_\_\_\_\_(initial)

I understand that Quality of Life Fitness/Denise Shaw bills its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Cash or check payable to Quality of Life Fitness are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within 120 days of purchase.

I have read and understand this term: \_\_\_\_\_(initial)



I understand that Quality of Life Fitness/Denise Shaw operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 12 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 12 + hours notice given. Should I cancel a session less than 24 hours prior notice, I will be charged a full session rate. I understand that Quality of Life Fitness recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term : \_\_\_\_\_(initial)

I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I have read and understand this term : \_\_\_\_\_( initial)

I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

I have read and understand this term : \_\_\_\_\_( initial)

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

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
Denise Shaw

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE