



NAME/AGE

PHONE NUMBER:

EMAIL:

PREFERRED CONTACT METHOD:

Text Phone call Email

CURRENT WORKOUT SCHEDULE:

Type of workout (weights and/or cardio)

Frequency (how many days a week)

Intensity (Light, moderate, vigorous)

Duration: (minutes per session)

GOALS?

What would you like to focus on during our training sessions? (Full body, upper body, lower body, athleticism, back strengthening, core strengthening, glutes, etc.)

MOTIVATION

Do you plan to exercise outside of SASS Fit?

NUTRITION:

What does a typical day of eating look like for you?

MEDICAL HISTORY

Please indicate if any of these statements apply to you.

1. History of heart problems, chest pains, heart murmur, or stroke etc.
2. Diabetes Mellitus
3. Asthma, breathing, or lung problems
4. Allergies
5. Cancer
6. Seizures, seizure medication, neurological problems or dizziness
7. High blood pressure
8. Back problem, joint or muscle disorder still affecting you
9. Recent surgery (last 12 months)
10. Hernia or any condition that may be aggravated by exercise
11. Physician's advice not to exercise
12. History of high cholesterol
13. Family history of coronary heart disease
14. Do you smoke tobacco products?
15. Do you consume alcohol?
16. Do you take supplements of any kind?
17. Are you on medication? If so, what kind?
18. Do you have a joint problem that might be aggravated by exercise
19. Are you pregnant?
20. Is stress from daily living an issue in your life

INJURIES

Back, neck, head, knee, wrist, shoulder, etc.

Please describe any special considerations or how your injury currently affects your ability to function:

_____ CLIENT SIGNATURE

_____ TRAINER SIGNATURE

Physical exercise can be strenuous and subject to the risk of serious injury. I urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. _____(Initial)

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 and/or weight reduction products are solely your responsibility, and you should consult a physician before undergoing any dietary or food supplement changes. _____ (Initial)

You agree that you are voluntarily participating in these activities and use of my personal and group training services, facilities, and premises **and assume all risks** of injury, illness, or death. _____(Initial)

SASS Fit is not responsible for any loss of personal property. _____(Initial)

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 SASS Fit and its trainers from all claims or causes of action, and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the trainer or instructor for personal injury, death, or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this 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.

CLIENT SIGNATURE _____

PRINTED NAME _____ Dated: ___ / ___ / ___

PERSONAL TRAINING TERMS AND CONDITIONS

1. The training fee must be paid prior to scheduling the training session.
2. Be on time for your training, if you're late, the session will only last until the end of the session time scheduled. Your time will not be extended.
3. If a session needs to be cancelled for any reason, other than a true emergency, a 24-hour notice must be given to the trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
7. No refunds will be granted, except for medical reasons, which must be endorsed by your physician.
8. DUE to COVID, please make sure to bring your own water bottle and towel to your session.

Client Signature

Trainer Signature