



Personal Information

Title:		Date:
Forename:		Home Phone:
Surname:		Day time/other Contact #:
DOB: / /	Age:	Email:
Height	Weight	Goal
Address:		
Post Code:		

Next of Kin Name:	Next of Kin Contact #:
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Doctors Name:	Surgery Telephone #:
Doctors Surgery:	

How did you hear about us? <i>(please circle)</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation	Website	Email	Saw advertisement	
Other: <i>(please state)</i>				
If you were recommended, who recommended us?				



Informed Consent Waiver and Liability Release Agreement for Fitness Program Participant

I, _____ intend to be involved in strenuous physical activity under the instruction of Adam Minors Personal Training, in activities including, but not limited to, running/jogging, weightlifting, bicycling, and various conditioning machinery. I agree to be legally bound as follows:

I understand that whilst undertaking any physical exercise I might injure myself and agree to waive any rights, claims, or damages for injuries now or in the future, including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, overheating, knee/lower back/foot injuries and any other illness, soreness or injury however caused, whilst undertaking activities under the instruction of Adam Minors Personal Training.

I do not, to the best of my knowledge, suffer from any medical condition that would prevent or limit my participation in a fitness program or activities described above. I have been advised by Adam Minors Personal Training, to consult a doctor to gain a full medical prior to beginning any exercise program with Adam Minors Personal Training.

I understand that Adam Minors Personal Training, are not medical doctors and rely on my full and open disclosure of medical conditions in order to plan a suitable program of exercise for me.

I fully understand the above and have been given the opportunity to ask questions and have those questions fully answered to my satisfaction.



Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a **PAR-Q** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a problem or hazard. **PAR-Q** has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

- | | |
|---|---------------|
| 1. Has your doctor ever said you have heart trouble? | Yes No |
| 2. Do you frequently have pains in your heart or chest? | Yes No |
| 3. Do you tend to lose consciousness or fall over as a result of dizziness? | Yes No |
| 4. Do you have a bone or joint problem that could be or has been aggravated by exercise? | Yes No |
| 5. Has your doctor ever recommended medication for your blood pressure or a heart condition? | Yes No |
| 6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? | Yes No |
| 7. Are you over the age of 65 and not accustomed to vigorous exercise? | Yes No |

If you answered YES to one or more of the above questions, please answer the following questions:

- | | |
|--|---------------|
| 8. Have you consulted with your doctor regarding increasing your physical activity and/or performing a fitness assessment? _____ initials | Yes No |
| 9. If you answered no to question 8, will you consult your doctor prior to increasing your physical activity and/or performing a fitness assessment? _____ initials | Yes No |

Name _____ Signature _____ Date _____

Trainer's name _____ Signature _____



Fitness Agreements

Name: _____ Date: _____

Commitment and Attitude Agreement

I have volunteered to participate in a programme of physical exercise under the instruction of any The Health Evolution. Instructor Training may include, but is not limited to, weight and/or resistance training, cardiovascular training, and floor mat exercises.

Adam Minors Personal Training, agrees to instruct, assist and train me.

I realise that a large portion of my success will be based on my commitment to follow instruction, changing my lifestyle, and my attitude towards the fitness programme. Unfortunately The Health Evolution, cannot guarantee results, but my willingness to work hard will improve the opportunity of success.

I have read the above policy and agree to its terms as it applies to my personal training package.

Signed: _____

Late / No-Show / Cancellation Agreement

Our main goal is to provide the best possible service to our clients.

The Health Evolution, works on an appointment based schedule to allow you the time required for your personal training session.

Sessions will generally be 60 minutes. Please be on time for your appointments. If you are late for a session it will still end at the scheduled time. If you are more than 15 minutes late for a session, it will be considered a no-show and you will be required to pay the fee for the session.

Due to this schedule it is important that you give us sufficient notice when you need to cancel an appointment. This means a cancellation should be made at least 12 hours before the scheduled appointment. Failure to cancel a training session within this time will result in you being charged for the session. Should you wish to reschedule an appointment, a minimum of 12 hours' notice is required. We will do our best to accommodate this.

We understand that emergencies happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 12 hour notice. Subsequent short-notice cancellations will be charged for the session. The free short-notice cancellation only applies if we are notified prior to the session start time. No-shows are not eligible for the free cancellation.

I have read the above policy and agree to its terms as it applies to my personal training package.

Signed: _____



Refund Agreement

If you are not satisfied with our services, we will be happy to refund services **not performed**.

I have read the above policy and agree to its terms.

Signed: _____

Payment Agreement

Sessions will be pre-paid **in advance**. Sessions are good for 90 days from the original date of purchase.

Signed: _____