

Personal Training Client/Trainer Agreement

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

- ❖ In consideration of my being able to participate in a Personal Training Program, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and personal training policies and procedures.

- ❖ I understand that the program is voluntary and that a Personal Trainer will develop and guide me through my exercise program.

- ❖ I will be required to undergo a fitness evaluation to assess my present level of fitness.

- ❖ I represent that I will complete the Health & Lifestyle Questionnaire accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor.

- ❖ During the program if my medications, condition, or medical limitations should change, I will notify the Trainer.

- ❖ I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

Client Signature

Date

Trainer Signature (Troy Gilchrist)

Date

The guidelines outlined below are to ensure that the relationship between the Trainer and Client and the responsibilities of both parties are clearly appreciated and understood:

Trainer's Responsibilities:

1. Your trainer will design a personalized program that meets the client's needs and goals that is effective and conductive.
2. Each session will last at 1 hour.
3. Your trainer will provide guidance regarding proper exercise techniques.
4. Your trainer will maintain a record of client progress and provide necessary feedback.
5. Your trainer will evaluate and modify the personalized program as necessary according to the client's progress, needs, and goals.
6. If your trainer is late for a session, that time is owed to the client.
7. Trainer must notify the client 4 hours prior to session, if they must cancel; at which time the session will be rescheduled.
8. All information regarding the client's program and progress is and will always remain confidential.

Client's Responsibilities:

1. Client is expected to discuss all health history information and any medical concerns with the trainer.
2. All appointments must begin on time and end one hour after the scheduled starting time. Any time lost due to client tardiness (without notice) is considered part of the appointment and is non-refundable.
3. Any tardiness of more than **15** minutes without proper notification will result in the loss of that session.
4. Client must give 4 hour notice for session cancellation. Failure to do so will result in forfeiture of one session.
5. Client will communicate any discomforts, pain or concerns experienced during or arising from a session.
6. Client acknowledges that he/she is in good health and physically able to participate in a personalized program. By signing below, client acknowledges and agrees that he/she has no limiting health conditions that would preclude participation in an exercise program, and will immediately inform the trainer if such health condition arises during the client's participation in the personalized program.

I understand and agree to the roles and responsibilities explained above:

Client's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____

Health & Lifestyle Questionnaire

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 while being safer and effective.

Name: _____				Date of Birth _____/_____/_____		Age: _____	
Address: _____							
Street		City		State		Zip Code	
Phone: _____		Email address: _____					
Emergency Contact: _____				Relationship: _____			
Phone Number: _____							
Physician's Name: _____				Physician's Phone: _____			
Physician's Address: _____							
Street				City			
_____				_____			
State		Zip Code					

Health Related Questions:

- 1) Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____
- 2) Do you frequently have pains in your chest when you perform physical activity? _____
- 3) Have you had chest pain when you were not doing physical activity? _____
- 4) Do you lose your balance due to dizziness or do you ever lose consciousness? _____

- 5) 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.)? _____
- 6) Are you pregnant now or have given birth within the last 6 months? _____
- 7) Have you had a recent surgery? _____

8) Do you take any medications (prescription or non-prescription) on a regular basis? _____
If yes, what is the medication for? _____

9) Does this medication affect your ability to exercise or achieve your fitness goals? _____

Lifestyle Related Questions:

1) Do you smoke? _____ If yes, how many? _____

2) Do you drink alcohol? _____ If yes, how much often? _____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: Sedentary Active Physically Demanding

5) Does your job require travel? _____ If yes, how often? _____

6) On a scale of 1-10, rate your stress level (1=very low -10=very high)? _____

7) List your 3 biggest sources of stress:

a. _____ b. _____ c. _____

Fitness History:

1) When were you in the best shape of your life? _____

2) Have you been exercising consistently for the past 3 months? YES NO

3) When did you first start thinking about getting in setting fitness goals? _____

Nutrition Related Questions:

1) How many times a day do you usually eat (including snacks)? _____

2) Do you skip meals? _____ 3) Do you eat breakfast? _____

4) How many glasses of water do you consume daily? _____

5) Do you feel drops in your energy levels throughout the day? _____ If yes, please describe: _____

6) Do you know how many calories you eat per day? _____

If yes, please explain: _____

7) List 3 areas of your Nutrition you would like to improve: a. _____
b. _____ c. _____

Exercise Related Questions:

1) How often do you take part in physical exercise? _____

2) If your participation is lower than you would like it to be, what are the reasons? _____

3) How long have you been consistently physically active for? _____

4) Realistically, how often a week would you like to exercise? _____ (weekly)

5) What are the best days & times during the week for you to commit to your exercise program? _____

Your Fitness Goals: _____

