



PERSONAL & GROUP TRAINING CLIENT INFORMATION QUESTIONNAIRE

Please complete and return to the reception desk at least two days prior to your first scheduled session.

The information of this form is confidential and will be used for no other purpose than for GET **KINECTED FITNESS** records.

Name:

Age:

Home #:

Cell:

Street Address:

City / Postal Code:

Date of Birth:

Email:

Physician's Name:

Physician's #:

Emergency Contact 1 Name:

Emergency Contact 1 #:

Emergency Contact 2 Name:

Emergency Contact 2 #:

PARTICIPANT RELEASE & KNOWLEDGE OF AGREEMENT

1. I _____ wish to participate in the exercise and training program at GET **KINECTED FITNESS**. I understand there are inherent risks in participating in a program, of strenuous exercises. I agree that GET **KINECTED FITNESS** shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, training studio, outdoors or at a corporate, commercial, resident or any other fitness studio) and I expressly release and discharge GET **KINECTED FITNESS**, its owner, employees, agents and or assigns may have claims, actions, judgment and like which I or my heirs, damage which may occur in connection with my participation in the fitness program, excepting only injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators & assigns.

I have read and understand this term: _____ (Initials)

2. TOUCH TRAINING: 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:_____ (Initials)

3. LATE ARRIVAL: I understand that all private personal training rates are based on 25, 40 or 55 minute sessions. I understand that I should arrive 10 minutes before my session to make sure that I'm ready for the work-out. If I'm to arrive late to my session the session will end at the regular time. If I arrive 15-20 minutes late to my session it will be deemed cancelled and I will still be charged for it, I will call my trainer if I know I will be late.

I have read and understand this term:_____ (Initials)

4. PREPAID BILLING: I understand that GET KINECTED FITNESS bills it's personal training clients on a pre-pay basic / 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 session are conducted. Cash and cheques or e-transfer made payable to GET KINECTED FITNESS are acceptable.

I have read and understand this term:_____ (Initials)

5. REFERRALS: If I refer a potential customer to GET KINECTED FITNESS and that individual purchases a package of personal training sessions or class package, I will receive 1 hour of private training session FREE of charge.

I have read and understand this term:_____ (Initials)

6. GUARANTEED RESULTS: 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:_____ (Initials)

HEALTH HISTORY

1. Do you smoke?_____ How much?_____
2. Has your doctor ever said your blood pressure was too high or low?_____
3. Have you (or a family member) ever been diagnosed with diabetes?_____
4. Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, atherosclerosis, etc.)?_____
- If so, what?_____
5. Has your doctor ever told you your cholesterol level was high?_____
6. Rate your stress level 1-10_____
7. Do you have any injuries or orthopedic problems (bursitis, bas back, bad knees, etc)?

8. Please list any prescribed medications or dietary supplements._____
9. Are you pregnant or postpartum less than 6 weeks?_____
10. Date of last physical examination_____
11. Do you have any other medical conditions or problems not previously mentioned?

12. Are you currently involved in a regular exercise program?_____
- 13.What are your goals within this program?_____
- _____
14. How did you hear about GK^F?_____

I have read the release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge if its significance.

Client Signature:_____ **Date:**_____

Personal Trainer Signature:_____ **Date:**_____