

Personal Information

Name _____ Today's Date _____

Address _____ City _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Emergency Contact _____ Emergency Contact Phone Number _____

Personal/Fitness Goals

1. _____

2. _____

3. _____

Health History

Do you personally have a history of any of the following? If yes, please describe your condition in the space provided.

	Yes/No	Initials
Heart problems _____	_____	_____
High blood pressure _____	_____	_____
Respiratory problems _____	_____	_____
Diabetes _____	_____	_____
Surgery in the last 3 months _____	_____	_____
Major illness or hospitalization in the last 3 months _____	_____	_____
Muscle, joint, or back disorder _____	_____	_____
Are you pregnant _____	_____	_____
Are you on any medication _____	_____	_____
If yes, please list _____		
Any other illness or health problem not listed above _____		

If you answered YES to any of the above questions, it is highly recommended that you seek medical approval before participating in this exercise program.

Do you have medical approval to participate in this program? _____

If no, do you plan to seek medical approval? _____

Yes/No Initials

Do any position, exercises, or activities cause you pain or anxiety? _____

If yes, please describe _____

Do you currently perform regular exercise? _____

If yes, how often per week? _____ Please describe the activity _____

Do you smoke? _____

How would you rate your general health?

Excellent _____ Good _____ Fair _____ Poor _____

Describe any injury you have had that still effects you in any way or may affect your exercise routine.

1. _____

2. _____

3. _____

Signed _____ Date _____

CANCELLATION POLICY

Personal training cancellations need to be made 24 hours in advance in order to avoid being charged for the missed session.

LIABILITY WAIVER

The undersigned recognizes that the use of Donna Anderson’s services involve a risk of physical injury including that caused by the negligence of the undersigned or Donna Anderson. The undersigned hereby agrees to assume this risk of injury in its entirety regardless of the cause. Donna Anderson shall not be liable for any injuries or damage to the undersigned, or the property of the undersigned, or be subject to any claim, demand, injury or damages whatsoever including, without limitation, those damages resulting from acts of active or passive negligence on the part of Donna Anderson for all such claims, demands, injuries, damages, actions, or causes of action. It is specifically agreed that Donna Anderson shall not be responsible of liable to the undersigned for articles lost or stolen in connection with Donna Anderson’s services.

Signature _____ Date _____

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Donna’s Home Fitness, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of marketing. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Donna’s Home Fitness, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness if whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Donna’s Home Fitness is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signature _____ Date _____