



Fitness Assessment Questionnaire

Weight _____ Height _____ Age _____

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

Physical Activity Readiness

PHYSICAL ACTIVITY SHOULD NOT BE HAZARDOUS FOR MOST PEOPLE. THE PAR-Q HAS BEEN DESIGNED TO IDENTIFY THOSE INDIVIDUALS WHO SHOULD SEEK MEDICAL ATTENTION PRIOR TO BEGINNING A PHYSICAL FITNESS PROGRAM.

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|---|-------------------------------|-----------------|
| 1. DO YOU HAVE HIGH CHOLESTEROL? | YES | NO |
| 2. HAS YOUR DOCTOR EVER SAID YOU HAVE HEART TROUBLE? | YES | NO |
| 3. DO YOU FREQUENTLY HAVE HEART AND/OR CHEST PAINS? | YES | NO |
| 4. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE A BONE OR JOINT PROBLEM
(ARTHRITIS) THAT HAS BEEN OR MAY BE EXACERBATED BY PHYSICAL ACTIVITY? | YES | NO |
| 5. DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF SEVERE DIZZINESS? | YES | NO |
| 6. HAS YOUR DOCTOR EVER TOLD YOU THAT YOUR BLOOD PRESSURE IS
TOO HIGH? | YES | NO |
| 7. HAVE YOU HAD SURGERY IN THE PAST 6 MONTHS? | YES | NO |
| 8. ARE YOU PREGNANT? | YES | NO |
| 9. ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? | YES | NO |
| 10. HAVE YOU SMOKED OR USED ANY NICOTINE PRODUCTS
IN THE PAST 30 DAYS? | YES | NO |
| IF YES, HOW MUCH PER DAY? | 1/2 PACK
2 PACKS
1 PACK | 3+ PACKS |
| 11. HAVE YOU CONSUMED ALCOHOL IN THE PAST 30 DAYS? | YES | NO |
| IF YES, HOW MANY PER WEEK? | 1 to 5
6 to 10 | 11 to 15
15+ |
| 12. Why are you starting training? | | |



Name: _____

Date: _____

Phone: _____

Email: _____

Waiver of Liability/Contract

Complete Performance Fitness LLC provides personal training services that are focused upon improving the quality of life of participants through personalized training programs that are focused towards the individual's needs and goals. I understand that I may be asked to participate in the following activities during a training session: cardiovascular training, strength training, flexibility exercises, stability and balance training, and body weight exercises prescribed by the trainer. I acknowledge that these activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to personal property, accidental injury, illness, or in extreme cases, permanent trauma or death. I understand that even though precautions have been taken by the trainer to provide safe workout conditions, I am responsible for my health and safety at all times. I understand that I should modify or discontinue my workout at any time if I experience pain or discomfort and will inform my trainer immediately. Risks include but are not limited to sprains, strains, breaks, concussions, cuts, loss of eyesight, cardiac arrest, partial or total paralysis, or death. Additional injuries may be caused by uneven footing in outdoor areas, dehydration or heat exhaustion among other things.

I understand that other unknown or unanticipated risks may result in property loss, injury, or death. I agree to assume responsibility for the inherent risks identified herein as well as risks not specifically identified. I understand that my participation in this activity is purely voluntary and I elect to participate with full knowledge of the risks identified herein as well as those not specifically identified.

I am aware that fitness program activities may require a high level of physical exertion. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this fitness program. I agree to reveal any and all potential medical contraindications to exercise. I am aware that failure to provide adequate information will impair the ability of the trainer with respect to prescribing appropriate exercise programs.

I hereby permit Everyday Athletes (EA) and its staff to collect photographs, audiotape, and/or video of training sessions for evaluation, publicity, and/or internal quality assurance.

I understand that all personal, health-related information will be held in strict confidence. Any such information collected by EA will be protected and I am assured confidential treatment of data.

I further understand that acceptance into training with EA is a privilege, which may be revoked or denied if I fail to meet or continue to meet the criteria set forth for particular activities or the general program. I understand that payment for training sessions must be paid prior to the session and if I choose to cancel, notification must be given 24 hours prior to said session or a charge will still be made.

I, the undersigned, fully understand and appreciate the risks of participation in the program, and knowingly accept them as my responsibilities.

Agreed and ACCEPTED BY

IF UNDER 18 PARENT/ Guardian