

PERSONAL TRAINING INFORMATION

PPT CPT APT

PERSONAL INFORMATION

Name: _____ Email: _____
Phone: _____ Date of Birth: _____ Member #: _____ Join Date: _____
Physician's Name: _____ Trainer's Name: _____
What are your fitness goals? _____
What areas of your body do you want to improve? _____
How much time per week do you have to commit to a program? _____ How soon would you like to see results? _____
Have you ever worked with a personal trainer? Yes No Was it a good experience? Yes No
Please list any current exercise routines: _____
What have you done in the past to promote your personal health? _____
What exercise activities do you prefer? _____
How would you rate your eating habits? Excellent Good Fair Poor
Do you currently take vitamins or supplements? (Please list) _____

PHYSICAL ACTIVITY AND MEDICAL INFORMATION

Have you ever been diagnosed with a heart condition or high blood pressure? Yes No
Do you have a family medical history of high cholesterol, diabetes or heart disease? Yes No
Do you have chronic or acute illnesses? Yes No
Do you have any musculoskeletal problems that could be aggravated by exercise? Yes No
Have you had surgery in the past three months? Yes No Do you have diabetes? Yes No
Are you age 60 or older? Yes No Are you pregnant? Yes No
Have you experienced fainting, dizziness or pressure in the neck, shoulders, chest or arm? Yes No
Are you currently under the direct care of a physician? Yes No
Are you taking medications on a regular basis? Yes No
If so, please list type and reason: _____
Do you use tobacco products? (If so, how often?) Yes No
If you answered yes to any of the above questions and would like to comment or would like to list other information, please explain: _____

PERSONAL TRAINING PROGRAM RELEASE OF LIABILITY

I certify that the above statements are true and correct. I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death which might result not only from releasees own actions, inactions or negligence, but the actions, inactions or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.

*** I understand that a physician's approval is highly recommended prior to participating in this program.**

I do hereby discharge, release and hold harmless the trainer, the Downtown Athletic Club and its employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the releasees and not caused in part by my own negligence.

Member Signature: _____ Date: _____

