

Fitspiration Personal Training Registration & Waiver

Name: _____ Start Date: _____
Birthdate: _____ Height: _____ Weight: _____ Goal Wt: _____
Occupation: _____
Street Address: _____
Cell Phone: _____ Home #: _____
Email: _____

Emergency Contact Name/Phone: _____

1. Food Allergies: _____
2. Current injuries: _____
3. Prior Surgeries: _____
4. Medications: _____
5. Do you smoke? _____ Do you drink? _____
6. How many meals do you eat a day? _____
7. Are you a member of a gym? _____
8. Have you worked with a trainer before? _____
9. Is your spouse/partner supportive of exercise? _____
10. Any upcoming events motivating you to improve your fitness? _____
11. The last time you were in the best shape of your life? _____
12. Would you consider your life to be sedentary? _____

13. Rate your knowledge of resistance training. On a scale from 1 - 5 (5 being the highest) _____

14. Fitness Goals: _____
On a scale from 1 - 10 (10 being the highest) how serious are you about achieving your goals? _____

15. What has prevented you from reaching your goals in the past? (circle all that apply)
Time Money Injuries Accountability Motivation Discipline Boredom

NO SHOW POLICY: The time scheduled is assigned to you and YOU only. If you need to cancel or reschedule a session, I ask that you provide me with **24 hours notice**. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the amount of a standard session.

REFUND POLICY: Sessions are paid in advance and will expire in 60 days unless the client has a medical condition/injury/surgery. For medical reasons, unused sessions will be frozen until client can return. Unused sessions cannot be redeemed for cash AND are non transferable. I currently accept Check, Cash, Zelle.

CLIENT ACKNOWLEDGES THE ASSUMPTION OF RISK AND FULL RELEASE OF **Jessica Venema**. Client acknowledges that personal training/fitness assessment hereunder includes participation in strenuous physical activities, including but not limited to aerobic dance, weight training, stationary bicycling, and various conditioning machines. Client acknowledges these physical activities involve inherent risk of physical injuries or other damages, including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee, lower back, foot injuries and other injuries. Soreness, of injury however caused, occurring or after the members participation in the physical activities. Always consult a qualified medical professional before beginning any nutritional or exercise program. Results are not guaranteed. All information including meal plans recipes, fitness programs, and supporting guidance are solely intended to provide assistance to you. By signing this agreement, client asserts that he/she is capable of participating in strenuous physical activity.

Signature: X _____ Date: _____