



Client Information Form

NAME: _____

DOB: ____/____/____

EMAIL: _____

PHONE (C): _____

ADDRESS: _____

Contact Name: _____

Contact Number: _____

Medical and Health History

INJURIES: Please fill out as best you can

Injury or pre-existing condition	Year it Occurred	Specifics/Description
Broken Bones		
Muscle Strain/Sprain		
Ligament, Tendon or cartilage injury		
Joint injury or chronic pain		
Back Injury		
Neck injury		
Lower Back Pain		
Other, please specify		



MEDICAL CONDITIONS - Please check any that apply and state the age of onset:

Condition	You	Mother	Father	Grandparents
High BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you **currently** being treated for any injuries or health conditions: (YES)/(NO)

If yes, please describe treatment: _____

Lifestyle

How would you describe your current stress level? (High) (Average) (Low)

How do you enjoy spending your leisure time?

How physically fit do you feel?

Unfit Below Average Average Above Average Very Fit



Goals

Weight Loss/Gain: _____

Calories Per Day: _____

Workouts Per Week: _____

Why do you want to make these changes?

What are three (3) things you do or eat (ex. Dark Chocolate) that can be changed this month?

1. _____
2. _____
3. _____



WAIVER & RELEASE FORM

I understand that physical exercise can be strenuous and subject to risk of serious injury, you are urged to obtain a physical examination from a doctor before participating in any exercise activity. You (**PRINT NAME**) agree that if you engage in any physical exercise or activity, you do so **entirely at your own risk**.

Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and **assume all risks** of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity or personal training session and (b) instruction, training, supervision, or dietary recommendations by your Personal Trainer.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge your Personal Trainer from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against your Trainer for personal injury or property damage.

To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of the Personal Trainer.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____ (Parent/Guardian) _____

Printed Name: _____ (Parent/Guardian) _____

Dated: ___/___/___