

Beyond Physical Fitness, Inc. Personal Training Policies Agreement

Please Read This Application in Its Entirety before Signing

Beyond Physical Fitness, Inc. (BPF) was founded on the belief that taking care of your body is pleasing in God's sight (I Corinthians 6:19-20). The goal of BPF is to merge mental toughness and holistic wellness with fitness at a professional level. This is possible without complex measures. In order to maintain an agreement of understanding, it is important to highlight the Personal Training Policies of BPF.

Today group sessions are growing in popularity, as it is a way to save money, get in shape and still be with friends. However, for specialized needs or very specific goals, private personal training sessions may better suit you. Every 30 days you will notice a body composition change of some sort pending you follow the nutritional guidance, cardio and exercise assignments.

All private and group sessions include:

- Supervised/Personalized program designs
- Goal setting tasks
- Nutritional guidance and accountability
- Cardio assignments and accountability
- Warm Up
- Pre and Post Stretching
- Cardio conditioning
- Strength training
- Weight lifting

Individual (personal training)

# of sessions	Times per week	Monthly cost 30 min session or 1 hour session
1	n/a	\$47 (30 min only)
4	Once	\$167 or \$299
8	Twice	\$291 or \$524
12	Three times	\$374 or \$674

Partner (personal training)

# of sessions	Times per week	Monthly cost 30 min session or 1 hour session
8	Twice	\$208 or \$374
12	Three times	\$275 or \$494

Group (personal training)

# of sessions	Times per week	Monthly Cost 30 min session or 1 hour session
8	Twice	\$183 or \$330
12	Three times	\$237 or \$426

Measurement consultations are \$60.

Take off 10% for children under 18 years of age and senior citizens over 64 years old for personal training.

Please note that sessions must be completed within 4 weeks of first session. Sessions not completed within this time frame will become expired and counted as loss. Each package must be paid in advance prior to beginning a program.

DropBox

BPF has a self-sufficient electronic scheduling system. You should have received an invitation to join Dropbox when you began your personal training program. On Saturdays please view the schedule via Dropbox and confirm that the session numbers, days and times are correct by sending your trainer an email or text message. Not sending an email or text indicates that the schedule day and time works for you. Last minute cancellations are a loss. If you miss a session, it is counted as a completed session. By signing below, you agree to the policy above.

X _____

Cancellation Policy for Private Sessions

If cancellation is less than 24 hours prior, but greater than 8 hours prior to appointment a one-time courtesy warning will be given. If cancellation notification is received less than 8 hours before your scheduled appointment or you fail to show up for your scheduled session, the session will count as a completed session.

If for any reason your personal trainer cancels the session less than 3 hours prior to the scheduled session, you will receive a scheduled replacement session. If for any reason your personal trainer fails to show up for a scheduled session, you will receive a scheduled replacement session plus one additional session.

Tardiness for Private Sessions

It is understood that from time to time all individuals face unavoidable situations that may cause him or her to be delayed. You may arrive up to 15 minutes late and still participate in the remaining minutes of the scheduled session. If no call is received and you are not present 15 minutes past the scheduled start time, the session will be counted as a completed session. If your personal trainer is more than 10 minutes late without attempting to contact you, you will receive the remainder of that session plus an additional session that best suits your schedule.

Tardiness and Cancellation for Group Sessions and Boot Camp

Group sessions and boot camps are designed for all members of the group to work out at the same time. If a member is late, he or she may participate in the remaining minutes of the workout after a proper warm up and stretching has taken place by the individual on his or her own. If a group member fails to show up for the work out, it will continue without that member and the session will be counted as completed. If all members of a group fail to show up and no cancellation call is made more than 8 hours before the scheduled session time, the session will be counted as completed for all members. If all members of a group cancel less than 24 hours prior, but greater than 8 hours prior to appointment, the group will receive a one-time courtesy warning. BPF is not responsible for sessions lost or workout time lost at boot camp due to drizzle or light rain. Class resumes as long as there is no lightning or heavy rain.

Record of Attendance

An attendance record of completed sessions will be kept. Each time a session is completed, you will initial across from your name and date.

Refunds and Session Transfers

Once a session or package of sessions has been purchased, there will be no refunds. Fortunately, if for any reason you are incapable of completing your sessions, you may transfer them to a friend or family member once they complete an application.

Session Length

Each session is half an hour or 1 hour in duration depending on the package you choose. If you wish to stay and do some additional cardio once your session is complete, you are welcome to as long as it is during gym hours.

Methods of Payment

Services may be paid via cash, credit or debit.

Thank you for operating in accordance with BPF terms and conditions.

Acceptance

I, _____ have read, understand and agree to abide by all sections of the BPF Personal Training Policy.

Client Signature

Signature Date

d.b.a.

Beyond Physical Fitness

[Personal Training Waiver of Liability and Informed Consent]

I _____, have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling, and the use of various aerobic-conditioning and strength building machinery offered by Beyond Physical Fitness, Inc. (BPF). I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. I fully understand that I may injure myself as a result of my participation in the BPF exercise program. BPF is not now responsible for, nor in the future, including but not limited to, heart attacks, muscle strains, pulls of any sort, tears of any sort, broken bones of any sort, shin splints, heart prostration (including or involving any latent/hidden heart problems), knee/lower, back/foot, injuries and other related illnesses, soreness, or injury however caused, injury occurring as a result of my participation in the exercise program, or after, as a result of my participation in the exercise program.

In consideration for my participation in the BPF exercise program, I, _____, my heirs and assigns, hereby release, hold harmless and indemnify BPF and its directors, officers, owners, employees, representatives, associates, agents, contractors, vendors, suppliers, heirs, and assigns (i.e., this waiver of liability including all training and specialty classes held at but not limited to 100 S. Main St. Suite 112, Duncanville, Texas and any in-home training or off-site training such as hikes, walks, runs, calisthenics, weight lifting, boot camps etc.), from any claims, demands and causes of action what so ever, including negligence of any degree or willful misconduct arising out of or relating to my participation in the BPF exercise program.

BPF has recommended that I consult a physician before I engage in any physical exercise program. I acknowledge that I have done so, and that my physician has cleared me for participation, **or**, after rendering an individual decision, on my own, I have chosen not to consult a physician but will begin the exercise program **at my own risk**.

I have read this form and understand that there are inherent risks associated with my physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. In

the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

_____	_____
Client Signature	Date of Signature
_____	_____
Witness Signature	Date of Signature

Physical Activity Readiness Questionnaire (PAR-Q)

Please initial below the answer that correctly applies to you for each question.

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said you have heart trouble? |
| ___ | ___ | 2. Has your doctor ever said you have high blood pressure or high cholesterol? |
| ___ | ___ | 3. Has your doctor ever told you that you have a bone or joint problem such as but not limited to arthritis that has been aggravated by exercise or might be made worse with exercise? |
| ___ | ___ | 4. Do you often feel faint or have spells of severe dizziness? |
| ___ | ___ | 5. Are you over 65 and not accustomed to vigorous exercise? |
| ___ | ___ | 6. Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| ___ | ___ | 7. Do you frequently have pains in your heart and/or chest? |

If you checked yes to any of the above, vigorous exercise testing should be postponed. Medical clearance from your physician is **strongly** advised. Consult with your personal physician by telephone or in person and tell him/her what questions you answered “yes” to on the PAR-Q and present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for

- unrestricted physical activity starting off easily and progressing gradually, and
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

By signing below, you agree that you have read and understand the statements above and that you have initialed above the answer that correctly applies to you.

_____	_____
Signature	Date

PHYSICIAN'S APPROVAL

_____ has been examined by me and has my approval to
Participant's name
participate in a progressive exercise program. I understand the physical and physiological stressors of the
program and see no reason why the above named person should not participate.

_____ M.D. _____
Physician's Signature Date

TYPE OF ACTIVITY

INTENSITY

Cardiovascular	_____
Resistance Training	_____
Flexibility	_____
Other	_____

PHYSICIAN'S RECOMMENDATIONS/CONTRAINDICATIONS

RECOMMENDED: PROVIDE COPY OF PROOF OF INSURANCE

MEDICAL HISTORY

CLIENT NAME _____ DATE _____

AGE _____

CHECK THOSE THAT APPLY PUT N/A NEXT TO THOSE THAT DON'T APPLY

- ___ Recent illness, hospitalization or surgical procedure
- ___ Heart attack, coronary bypass, cardiac surgery, stroke
- ___ Abnormal resting or stress EGG
- ___ Uneven, irregular, or skipped heart beats (including a racing or fluttering heart)
- ___ Abnormal blood lipids
- ___ Family history of coronary or other atherosclerotic disease prior to age 55 male & 65 female
- ___ Diabetes Mellitus
- ___ High Blood Pressure
- ___ Phlebitis Emboli
- ___ Pulmonary disease (asthma, emphysema, bronchitis, COPD, etc.)
- ___ Rheumatic Fever
- ___ Light headedness or fainting
- ___ Chest pain at rest or exertion
- ___ Unusual shortness of breath
- ___ Orthopedic problems (arthritis or any other bone, joint or muscle problems)
- ___ Mental Illness (Emotional and/or Psychological disorders)
- ___ Medications (list all medications beneath comments)
- ___ Drug allergies
- ___ Smoking
- ___ Physical inactivity

Lower portion to be completed by your physician

RECOMMENDATIONS/HEALTH STATUS CLASSIFICATION

- | | |
|---|------------------------|
| ___ Medical clearance | ___ Apparently healthy |
| ___ Max stress test and medical clearance | ___ Increased risk |
| ___ Refer to medically supervised program | ___ Known disease |

COMMENTS

Beyond Physical Fitness, Inc.
CLIENT SCREENING FORM

NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

_____ CELL PHONE _____

_____ AGE _____

EMAIL _____ DATE OF BIRTH _____

PHYSICIAN'S NAME _____ PHONE # _____

How did you hear about Beyond Physical Fitness, Inc.? _____

HEALTH HISTORY

1. Do you smoke? **Y or N**
How many per day? _____
2. Has your doctor ever said your blood pressure was too high or too low? **Y or N**
3. Do you have any known cardiovascular problems (abnormal Heart or ECG, previous Heart Attack, Atherosclerosis, ETC)? **Y or N**
Which? _____
4. Has your doctor ever told you your Cholesterol level was High? **Y or N**
5. Do you feel you are overweight? **Y or N**
By how many pounds? _____
6. Do you have any injuries or orthopedic problems (Bad Knees/Back, etc)? **Y or N** If so, please explain

7. Are you taking any prescribed medications or dietary supplements? **Y or N** If so which ones and what are they for?

8. Date of your last physical examination? _____
9. Date of your last blood test showing cholesterol (HDL, LDL, Glucose, Iron, Etc.) _____

10. Do you have any medical conditions or problems (including stress related) not previously mentioned? **Y or N**

11. Are you currently involved in a regular exercise program? **Y or N** If so explain? _____

If not when was the last time you exercised at least 3 times a week _____

12. Have you ever exercised with weights? **Y or N** If so, when? _____

What are your goals within this program?

**Life-Style Improvement
Contract with Myself**

I hereby pledge to exercise in accordance with Beyond Physical Fitness Inc. I pledge to nourish my body with the quantity and quality of nutrients that will make me flourish, and to dedicate my efforts to elevate and care for myself to the best of my ability

_____ Day of _____ 20 _____

What kind of music do you like to work out to?

Thank you for your time in answering these questions.

Now let's get started!