



Data Collection Sheet

Name: _____ Date: _____

Height: _____ in. Weight: _____ lbs. Date of Birth: _____

Physicians Name: _____ Phone: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



Name: _____

GENERAL & MEDICAL QUESTIONNAIRE

- 1 What is your current occupation?

- 2 Does your occupation require extended periods of sitting?
- 3 Does your occupation require extended periods of repetitive movements? (If yes, please explain.)

- 4 Does your occupation require you to wear shoes with a heel (dress shoes)?
- 5 Does your occupation cause you anxiety (mental stress)?
- 6 Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)

- 7 Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) _____

- 8 Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____

- 9 Have you ever had any surgeries? (If yes, please list with the date)

- 10 Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____

- 11 Have you ever been diagnosed with a mental health disorder such as anxiety, depression, or ADHD? (If yes, please explain.) _____

- 12 Are you currently taking any medication? (If yes, please list name and dose.) _____

- 13 Have you ever been diagnosed and/or treated for an eating disorder? (If yes, please explain.)

- 14 Do you have any dietary restrictions or preferences based on food sensitivity/allergies/religion/or culture? (If yes, please list.)



Testimonial and Photo Release Form

I, the undersigned, hereby grant to Risen Nutrition & Wellness and his/her agents the right to use my name, biographical information, photographs, images, story and/or testimonial, in whole or in part, and without restriction as to changes or alterations. The rights granted herein shall extend in perpetuity, unless revoked in writing to Risen Nutrition & Wellness and his/her agents by me, throughout the world and for any purpose whatsoever, including without limitation for marketing and advertising purposes of Risen Nutrition & Wellness and his/her agents and in any and all media, including without limitation Risen Nutrition & Wellness ' current and future websites and social media accounts.

I acknowledge that Risen Nutrition & Wellness has no obligation to return any photographs or images to me.

Risen Nutrition & Wellness will not publish or post any photographs, images, or client information to websites or social media accounts that participate in or publish pornographic materials.

Examples of altering images, photographs, and other client information include editing for grammar (text), blurring or blocking identifiable information (faces in photos, personal information in text), and developing collages demonstrating progress (photos).

I hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use by Risen Nutrition & Wellness , including without limitation any and all claims for libel or invasion or privacy.

I hereby warrant and represent that I am at least 18 years of age and have the right to contract in my own name. I have read the above Release and am fully familiar with the contents thereof. This Release contains the entire agreement between the parties hereto as to the subject matter contained herein.

Printed Name

Signature

Date

Signature Parent/Guardian Signature (If under age of 18) _____

Printed Name Parent/Guardian Printed Name (If under age of 18) _____

Date



Services Contract

I hereby agree to accept and be legally bound by this contract issued by Risen Nutrition & Wellness for physical training services including online training and nutrition plans and/or in-person training sessions and consultations. By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

NON DISCLOSURE AGREEMENT:

I understand that the training and nutrition plans provided to me are designed specifically for my goals and are based on my personal stature, experience, and characteristics. In signing this document, I agree to not disclose any of the information provided to me by Risen Nutrition & Wellness, to include but not limited to programming, exercises, nutritional guidance, and pricing. Disclosure of this information will result in immediate dismissal from the team as well as discontinued services without refund. I understand that disclosure of my personal training and nutrition plan may also result in injuries to those disclosed to due to improper design for those individuals. I agree to provide Risen nutrition & Wellness, Inc contact information to others interested in any of the services that are provided by Risen Nutrition & Wellness, Inc. instead of sharing my personally designed program.

RELEASE OF LIABILITY:

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risks for my health and well-being (both physiological and psychological) and hold harmless of any persons involved with this program and testing procedures as well as the grounds for which I am performing them on. I fully understand that I may suffer injury as a result of my participation in the program and I hereby release Risen Nutrition & Wellness from any and all liability now or in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness (including mental), soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault. I understand that, Ronald Gray, Risen Nutrition & Wellness, and its employees and agents will make no evaluation or recommendation whether a participant is medically fit for any exercise activity. It is always advisable to consult your physician before undertaking a physical exercise program. I agree that I am engaging in physical exercise and the use of exercise equipment, training, and instruction that could cause injury. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

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 program or I have discussed any potential limitations with Risen Nutrition & Wellness. I understand that it is my responsibility to keep Risen Nutrition & Wellness informed of all current and/or potential injuries and their progression throughout my training.

BENEFITS TO BE EXPECTED:

I understand that results obtained from the exercise program may assist in evaluating what type of physical activities I might do with low risk and be used as a guideline for my fitness level progression. I also understand that nutrition guidelines given to me by Risen Nutrition & Wellness are only recommendations as Risen Nutrition & Wellness and its trainers are not Registered Dietitians. I fully agree that all nutritional plans given to me are nothing more than examples of what a sample nutrition

program may consist of and by no means is meant to be a prescription or diagnosis for any medical condition of any kind. I also understand that nothing, including placing results (competitors), is guaranteed as individual adherence and outcomes differ among every client.

INQUIRIES:

I acknowledge that questions about the procedures used in the exercise program or the results of my assessments are encouraged. If I have any concerns or questions, I understand that I should ask for further explanations.

PRICING AND PAYMENT:

I acknowledge and agree that the services I have requested are not transferable. I acknowledge that payment is required in advance for services rendered. I understand this money is not refundable after the individualized program is developed and distributed. I acknowledge that this specific contract, release of liability, consent, and agreement is valid indefinitely. No refund will be granted for training/plans/competitions that have been canceled or rescheduled by the client or competition promoters.

CANCELLATION AND LATENESS

I acknowledge that appointment times are reserved and that cancellations must be made 24 hours in advance. Cancellations must be made by calling 813-848-0606. It is my responsibility to attend my appointments (training/posing) when they are scheduled.

I understand that appointments will begin and end promptly as scheduled. I acknowledge that any delays to the start of a scheduled appointment will not be a cause of extend provided service beyond the remainder of the scheduled time. I will not expect or ask my trainer to run overtime. I understand that sessions will run approximately one hour unless otherwise stated.

I must cancel my subscription services two weeks prior to the next payment date if on a monthly payment schedule. I understand that all initial subscriptions that have not met their preliminary time cannot be refunded and will not be canceled until the monthly processing starts. Cancellations can be made prior to the first monthly subscription payment if requested two weeks prior to payment processing. I understand that my account will be inactive upon completion of my subscription on the month of cancellation. I acknowledge that my customized plans will not be saved or archived by Gr8physiques, Incorporated .

UPDATES

I understand that unless needed at another time point and communicated to my trainers, my plans are updated at the beginning of every month. I am required to update my trainers on a weekly basis in order to receive an updated plan. I understand that my continued progress is a reflection of the customized plan built for me and my individual goals. Failure to provide an update may result in repeating an existing plan, lack of individual progress, injury, and/or an inability to meet my set goals on time.

I hereby agree to waive any claims or rights I might otherwise have to sue Risen Nutrition & Wellness , Ronald Gray, its employees, or agents for injury sustained on account of these activities or due to ordinary negligence on the part of Risen Nutrition & Wellness ;Ronald Gray; its employees, agents, members or guests.

I have carefully read this waiver and completely understand that it is a release of any liability under any circumstance related to physical training and instruction by Risen Nutrition & Wellness or Ronald Gray; its employees, agents, members or guests.