



If you would like, please elaborate further on your fitness and health goals: \_\_\_\_\_

To your knowledge have you had any of the following?

Rheumatic Fever	Y N
High blood pressure	Y N
Low Blood Pressure	Y N
Elevated blood lipids (fats) or cholesterol	Y N
Cancer	Y N
Diabetes	Y N
Heart or circulatory disease	Y N
Heart murmur, angina	Y N
Pulmonary (lung) disease, asthma	Y N
Disease of thyroid, kidney, or liver	Y N
Back injury	Y N
Knee or lower extremity injury	Y N
Arm or Shoulder injury	Y N

Have you ever been diagnosed with any soft tissue or joint problems? Y N

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Y N

Do you often feel faint or have spells

of severe dizziness? Y N

Seizures Y N

Surgical Procedure(s) Y N

Are you pregnant? Y N

Do you smoke? Y N

If you answered Y to any of the above, please elaborate \_\_\_\_\_

Are you taking any medications? Y N

If yes, please elaborate \_\_\_\_\_

Family History

Have any of your first degree relatives (parent, sibling or child) experienced the following conditions?

Heart attack Y N

Heart operation Y N

Congenital heart disease Y N

Stroke Y N

High-blood pressure Y N

High-cholesterol Y N

Diabetes Y N

Please explain any items that you answered yes to: \_\_\_\_\_

**Acknowledgement of Risk, Waiver and Release:** I have been informed of, and understand and acknowledge the potentially dangerous effects of strenuous physical activity. I further understand and acknowledge that Phoenix Fitness Services recommends that I have a physical examination and consult with my physician before beginning a strenuous exercise program. I acknowledge that I have either had a physical examination and received my physician's approval to participate or that I have decided to participate in this activity without the approval of my physician.

*I acknowledge and understand that I am voluntarily participating in personal training and that my participation is not required by anyone. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury including death, and for any property damage that may be sustained by me as a result of participation in this activity. I release and discharge Phoenix Fitness Services, its owners, employees and agents and their heirs, successors and assigns from any responsibility or liability for any injury, including death, and for any damage to or loss of property that I may suffer due to my participation in this activity. I further agree to indemnify and hold harmless Phoenix Fitness Services, its owners, employees and agents, and their heirs, successors and assigns, from any loss, claims, liability, damage, or cost, including court costs and attorneys' fees that may occur due to my participation in this activity.*

\_\_\_\_\_  
*Signature of Participant (or Legal Guardian if Participant is under age 18)*

\_\_\_\_\_  
*Date*

*Thank you for choosing Phoenix Fitness for your personal training. Please read our policies and sign at the bottom to indicate your agreement and understanding.*

**Rescheduling or Canceling Appointments:** Please give us 24 hour notice if you cannot make your scheduled appointment. You may be charged for any appointments cancelled or rescheduled with less than 24 hour notice.

**On Time Policy:** Each session is based upon a given amount of time. In order to get the most out of your session, please be ready to start at the appointed time. If you are running late please call. If you are late for a session we will try to give you the full time allotment; however, if other scheduling obligations prevent us from doing so, we may end the session at the originally scheduled time of completion.

**Transfers:** Personal training services may not be transferred to another individual.

**Refunds:** Refunds will not be given except at the discretion of management.

Read and understood: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant (or Legal Guardian if Participant is under age 18)

