



Lifestyle Questionnaire

PERSONAL INFORMATION

Your Contact Information:

Name

Date

Address

Street

City

State

Zip

Primary Phone

Secondary Phone

Email

How did you hear about us? _____

Your Emergency Contact:

Name

Relationship

Primary Phone

Secondary Phone

Your Medical Care Provider:

Personal Physician

Physician Phone

Date of Last Physical

Have you discussed beginning an exercise program with your physician? YES / NO

If so, did s/he clear your participation or provide any instructions and/or stipulations?

About You:

Date of Birth

Age

Age you feel. Why?

Occupation

How many hours a week do you work? Time of day?

How do you spend most of your time at work? (circle one)

Sitting

walking

driving standing

carrying loads

other:

FITNESS STATUS

Fitness Information

Have you had any injuries related to physical activity? YES / NO
If YES please list _____

Do you suffer from any chronic pain? YES / NO
If YES please list _____

Have you ever trained with a personal trainer before? YES / NO
If YES please explain _____

Are you currently involved in an exercise regimen? YES / NO
If NO, when were you last exercising routinely? _____

Can you currently walk 4 miles briskly without fatigue? YES / NO

How many days per week do you accumulate 30 minutes of moderate activity?
0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minutes of vigorous activity
(i.e. continuous heavy lifting or sprinting)?
0 1 2 3 4 5 6 7 days per week

List your top 3 goals for your fitness/health:

1 _____

2 _____

3 _____

What weight training and/or fitness experience do you already have?

What type(s) of exercise interests you?

HEALTH STATUS

Medical History

Have you had or do you presently have any of the following? (Check if yes.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Recent operation | <input type="checkbox"/> Edema (swelling of ankles) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Injury to back or knees |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Shortness of breath at rest or with mild exertion | <input type="checkbox"/> Heart attack/heart disease | <input type="checkbox"/> Known heart murmur |
| <input type="checkbox"/> Intermittent claudication (calf cramping) | <input type="checkbox"/> Cancer | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Palpitations or tachycardia (unusually strong or rapid beat) | | |
| <input type="checkbox"/> Pain, discomfort in the chest, neck, jaw, arms, or other areas | | |
| <input type="checkbox"/> Unusual fatigue or shortness of breath with usual activities | | |
| <input type="checkbox"/> Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) or nocturnal dyspnea (shortness of breath at night) | | |
| <input type="checkbox"/> Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body | | |
| <input type="checkbox"/> Other (please describe): | | |
-

If any of the previously mentioned conditions are checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- | | |
|--|---|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Congenital heart disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart operation (Bypass surgery, Angioplasty, Coronary Stent placement) | |
| <input type="checkbox"/> Other major illness: | _____ |

Have you ever been diagnosed or treated for any chronic disease including asthma? YES / NO

If YES please list _____

Are you currently taking any medications?

YES / NO

If YES please list _____

Have you ever had your thyroid hormone levels checked?

YES / NO

If YES please list _____

Health Related Behavior

Do you smoke? YES / NO If YES how much? _____

Did you ever smoke? YES / NO If YES when did you quit? _____

Do you drink alcohol regularly? YES / NO If YES how much? _____

How many hours of sleep do you normally get per night?

 1 2 3 4 5 6 7 8 9 10 or more

Health Goals

Do you have any health related goals (i.e. lower blood pressure, etc.)? YES / NO

If YES please list _____

P.R.O. Motion

Risk, Waiver, and Release Form

Name: _____ DOB: _____

Address: _____

Best Contact Phone Number: _____ Email : _____

Emergency Contact Name: _____ Phone: _____

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

DECLARATIONS: This Agreement is entered into between certified fitness training staff at P.R.O. Motion and the undersigned (“Client”). The provision of these services by P.R.O. Motion Staff to the Client, and the Client’s use of any premises, facilities or equipment are contingent upon this Agreement.

I acknowledge that the PRO MOTION staff member has advised me of medical risks that may result from such participation and that I have consulted my personal physical if I have been advised to do so by the results of the PAR-Q (if the Staff Member deemed it appropriate for me to take this assessment) and I am physically capable of such participation without injury.

I am aware of the medical risks associated with participating in an intense exercise program, including the possibility of injuries resulting from the activities performed such as jumping, weigh lifting, stair jumping/running, and all other physical activities associated with the exercise program.

I recognize the risks of illness or injury inherent in a personal or group exercise program and am participating in the training/coaching program upon the express agreement and understanding that I am hereby waiving and releasing the Trainer from any and all claims, costs, liability, expenses or judgements including attorney’s fees and court costs (heroin, collectively “Claims”) arising out of my participation in the Trainer’s programs or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Trainer from and against any and all such Claims.

ASSUMPTION OF RISK: You agree that if you engage in any physical exercise or activity, including personal trainer, or enter our premises or use any facility or equipment on our premises for any purpose, you do so at your own risk and assume the risk of any and all injury and/or damage sustained while/or resulting from using any premises or facility, or using any equipment, whether provided to you by P.R.O. Motion Staff otherwise; including injuries or damages arising out of the negligence of staff member, whether active or passive, or any of P.R.O. Motion’s affiliates, employees, agents, representatives, and successors. Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), sports fields, courts, or other areas, locker rooms, sidewalks, parking lots, stairs, pools, whirlpools, saunas, steam rooms, lobby or other general areas of any facilities, or any equipment. You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, jogging, running, aerobic activities, aquatic activities, tennis, baseball, volleyball, racquetball, or any other sporting or recreational endeavor. You agree that you are voluntarily participating in the aforementioned activities and assume all risk of injury, illness, damage, or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property, whether arising out of negligence of P.R.O. Motion staff or otherwise.

RELEASE: You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge P.R.O. Motion staff (and all of the staff's affiliates, related entities, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of P.R.O. Motion Staff, whether active or passive, or any of the staff's affiliates, employees, agents, representatives, successors, and assigns.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment, premises, or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment, premises, or facilities, (c) negligent instruction or supervision, including personal training, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to and from personal training, including injuries resulting from staff's or anyone else's negligent inspection or maintenance of the facility or premises.

INDEMNIFICATION: By execution of this agreement, you hereby agree to indemnify and hold harmless P.R.O. Motion's services by the staff to you.

ACKNOWLEDGEMENTS: You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended as broad and inclusive as permitted by the law in the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. You acknowledge that P.R.O. Motion Staff offer services to their Clients encompassing the entire recreational and/or fitness spectrum. P.R.O. Staff are not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by the Staff. You acknowledge and agree that the Staff does not place such items into the stream of commerce. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability, express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against P.R.O. Motion Staff for negligence, or for any defective product used while receiving services from P.R.O. Motion Staff. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I hereby execute and deliver this waiver and release to induce the coaches to permit me to participate in this program.

Print Name: _____ Sign Name:

Date: ____/____/____