



34 Dunkalli Crescent
Wongaling Beach Q 4852

M: 0488163634
E: vfit@bigpond.com
W: www.vfit.net.au

Confidential Client Record, Waiver & Consent

Name		Date of Birth	
Mailing Address		Mobile #	
E-Mail		Home #	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Occupation:	
Emergency Contact Family or Friend Name:		Emergency Contact Phone #:	
Medical Practitioner		Doctor's Phone #:	

BENEFITS OF PROGRAM PARTICIPATION

I understand that my voluntary participation in a physical fitness / triathlon training program may include exercises to help:

- Develop my cardiorespiratory system (heart and lungs)
- Aid my musculoskeletal system (muscular endurance, strength, body sculpting, or power)
- Improve body composition (lean muscle to fat ratio)
- Develop my flexibility and range of motion
- Improve my speed and agility
- Develop core strength, stability, and balance
- Assist body alignment and postural integrity of the body
- Develop my sport-specific performance

Exercise participation and prescription may include: aerobic activities such as walking, jogging, running, cycling, floor exercises, and swimming; calisthenics; resistance training; flexibility and balance activities; sport-specific drills; group exercise; speed and agility; plyometrics; or similar.

Initial _____

What You May Experience

I understand that there are inherent risks associated with exercise participation. I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include delayed onset muscle soreness (DOMS); muscle, joint, or tendon strain or sprain; changes in blood pressure, light-headedness, dizziness, angina, or heart attack; back ache; or other disorder or discomfort.



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If acute discomfort, injury, strain, anxiety, shortness of breath, dizziness, pain or other condition is present during my work-out, I understand that I should report this immediately and modify or cease my program. I verify that I am not pregnant or, if I am pregnant, I have received medical clearance prior to engaging in a fitness program. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate. I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning. I understand that the personal trainer shall not be liable for any damages arising from personal injuries sustained by me, the client, during the personal training program. As a Client using the exercising equipment during the personal training program, I acknowledge that I do so at my own risk. I, the Client, assume full responsibility for any injuries or damages which may occur during the training. I hereby fully and forever release and discharge the personal trainer, the training company, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

Initial _____

Medical History: Do you have or have you had any of these symptoms:

Medical History	Yes	No	Medical History	Yes	No
Are you Pregnant?			Arthritis		
Headaches/Migraines			Fractures / Broken Bones		
High or Low Blood Pressure			Whiplash		
Cardiovascular /Respiratory problems			Sciatica		
Varicose Veins			Dizziness / Nausea / Fainting		
Blood clots/ thrombosis			Shortness of Breath		
Asthma			Numbness / Tingling Limbs		
Eczema			Infectious Diseases		
Digestive problems:			Allergies		
Back Injury or Pain			Chronic Fatigue		
Diabetes or Endocrine Disorder			Epilepsy		
Hernia			Anxiety, Stress, or Nervous Disorder		
High Cholesterol			Muscular Pain / Cramps		
Rheumatic Fever			Gout		
Liver / Kidney Condition			Other (Describe):		



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Do you have a family history of heart disease, stroke, or raised cholesterol of relatives under the age of 65? Yes / No

Have you ever had any major surgery? Yes / No
If so, please explain: _____

Do you have any present physical complaints, injuries or medical conditions that may affect your participation in an exercise/fitness program? Yes / No
If so, please explain: _____

Do you smoke? Yes / No
If so, how many per day: _____

Are you currently taking any medication? Yes / No
If Yes, what medication are you taking: _____
What is the medication for: _____

When was the last time you had a medical check up /...../.....

Initial _____

CONSENTS: Please Read The Following Statements Carefully

___ I acknowledge that I have read this form in its entirety, or it has been read to me, and I understand my responsibility to report past medical history and/or report discomfort during the session. I understand and accept the risks and responsibilities set forth. Knowing these, I have had an opportunity to ask questions which have been answered to my satisfaction and I consent to participate in exercise or fitness training.



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___ If I am accidentally injured during class participation, the Practitioner will offer immediate first aid (if needed), or seek it out from a qualified person. If injured, I will be responsible to seek treatment with my own physician or primary care provider. If this is a work-based program, I will report injury or incident to my employer, or suitable representative.

___ Further, I, for myself and my heirs, fully release from liability and waive all legal claims against the Practitioner/Trainer, or the Practitioners/Trainers' Organization, for injury or damage that I might incur during exercise/fitness participation.

___ I consent for my records to be shared with relevant medical practitioners or health care providers should the need arise for the care and management of my health and well-being.

Signature

Date

Signature of Witness



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Exercise History

Is your occupation: Sedentary Inactive Active

Do you engage in any regular exercise/sport? Yes/ No

If so, please specify: _____

Have you ever participated in a fitness centre based program before? Yes/ No

If so, describe the nature of the program e.g. cardiovascular and weights program:

How would you describe your activity levels throughout your lifespan?

(Mark sedentary [S], Moderately active [MA] or Highly active [HA])

Age 10-20 Age 20-30 Age 30-40

Age 40-50 Age 50-60 Age 60-70

Age 70-80

Exercise History (Last 6 months)

None Once per week 2-3 x per week

Light Moderate Intense

Description of exercises:



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Diet & Nutrition

Do you drink alcoholic beverages regularly? Yes / No

If yes, how often (x per week)_____

Are you willing to make dietary changes to complement your exercise program and assist with achieving your goals? Yes / No

Would you be interested in keeping a food diary over a period of a week to allow an assessment of your energy intake? Yes / No

Goals

Long-term Goal (12 months)	
Short-term Goal (12 weeks)	
Areas I Want To Improve	<input type="checkbox"/> Cardiovascular Fitness <input type="checkbox"/> Muscle Endurance <input type="checkbox"/> Weight Loss or Gain <input type="checkbox"/> Body Sculpting / Muscular Definition <input type="checkbox"/> Flexibility <input type="checkbox"/> Power <input type="checkbox"/> Speed/Coordination <input type="checkbox"/> Sport Specific Activity <input type="checkbox"/> Core Stability/Strength <input type="checkbox"/> Injury Rehabilitation <input type="checkbox"/> Strength & Body Building <input type="checkbox"/> Body Fat Reduction <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Nutrition <input type="checkbox"/> General Wellness <input type="checkbox"/> Balance <input type="checkbox"/> Other: (describe):
Workout Availability / Preference	Mon / Tues / Weds / Thurs / Fri / Sat (Please Circle) Time of Day/Night: AM PM

How often to you expect to attend the facility (per week) ?_____

What do you see as hindrances to you maintaining an exercise program?

What do you see as motivating factors that will assist you in maintaining your exercise program?
