Form 1

Agreement for Personal Training Services

I. Contact Information (Please Print)

Name- Last First Birthdate Age ( ) Home Phone

Current Mailing Address City State Zip ( ) Day Phone

Present address if different from above City State Zip

Contact person in case of emergency Relationship ( ) Phone

II. Personal Fitness Commitment

In consideration of my own, personal fitness needs, I, _____, hereby agree to enter into a personal training agreement with _____ and agree to commit the time and energy necessary to accomplish my goals as written and reviewed by myself and _____.

III. Terms

1. Today's date is _____
2. This agreement will begin on_____ and end on _____.
3. This agreement is for _____ to provide personal training services for:

_____ sessions, at

_____ sessions per week, for

_____ weeks

IV. Payment

1. All payments for services shall be made payable to _____.
2. First payment of _____ shall be due _____.
3. Monthly payment, due the first of each month shall be_____.
4. Total payment due during the term of this agreement_____. Init._____

V. Rescheduling, Interruption of service, and Cancellation

A. Rescheduling of any session requires a minimum 24 hour notice to avoid charges for that session.

B. Interruption of service requires a written request to _____ stating reason for interruption and anticipated continuation. Except in circumstances of emergencies, a minimum 15 day notice is required to avoid charges for pre-scheduled appointments.

C. Cancellation of services requires 30 day notice to avoid charges for sessions already scheduled.

D. If by any reason of death or permanent disability, the participant is unable to complete training program, he/she shall be relieved of the obligation of making payment other than for services performed prior to death or onset of disability.

VI. Renewal of agreement

A. Participant shall have the option to renew agreement under similar or new terms within 30 days of termination of agreement. Costs for services will remain in effect for duration of agreement.

VII. Guarantee of Services

Should _____ not appear for a pre-scheduled, prepaid session, participant shall have the option to reschedule the missed appointment or receive a full refund for that particular session.

_____ urges all participants to obtain a physical examination from their physician prior to beginning any exercise program. Under certain circumstances, _____ may require a physician's approval prior to beginning a training program.

I hereby acknowledge that I have reviewed and agree to the above conditions. Any questions that I had concerning these conditions have been answered to my satisfaction.

_____ _____

Signature date Personal Trainer representative date

_____ _____

Printed name Personal Trainer representative (print)

Form 2

INFORMED CONSENT FORM

PHYSICAL FITNESS PROGRAM

Name:_____ Tel/Home:_____

Address:_____ Tel/Work: _____

_____

IN CASE OF EMERGENCY, CONTACT _____ Tel_____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activity, swimming and other aerobic activities), calisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS:

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 abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that seller shall not be liable for any damages arising from personal injuries sustained by buyer while and during the PERSONAL TRAINING PROGRAM. Buyer using the exercising equipment during the PERSONAL TRAINING PROGRAM does so at his/her own risk. Buyer assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge seller, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

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 (other than those items fully discussed on health history form).

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.

DESCRIPTION OF POTENTIAL BENEFITS:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in risk in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Participant_____ Date _____

Signature of Witness _____ Date _____

Form 3

Personal Wellness Goals Form

This questionnaire is designed to help identify specific wellness goals that can help pinpoint the most effective and efficient program for you.

AREAS I WANT TO IMPROVE:

( ) Aerobic endurance
( ) Muscular endurance
( ) Flexibility
( ) Reflexes
( ) Speed
( ) Power
( ) Improve balance & coordination
( ) Improve eating habits
( ) Body weight: Loss_____ Gain____
( ) Other (specify):_____
_____

( ) Specific sport ability/job ability_____
( ) Injury rehabilitation
( ) Back problem
( ) Physique
( ) Sleep better more___ less___
( ) Improve self esteem
( ) Improve posture
( ) Reduce blood pressure
( ) Lower % body fat

Improving my fitness and wellness levels is extremely important to me because:

_____
_____

Have you participated in a fitness/wellness program before? If yes, please describe:

_____
_____

I was most successful in my fitness or weight loss programs when...

_____
_____

I am committing myself to my fitness/wellness program because otherwise I would have to live with the following unbearable consequences (ex. low self-esteem, limited success, dependency upon others, etc.)

_____
_____
_____

_____
Participant date

Reviewed by:

Form 4-1

Health History Questionnaire

PERSONAL INFORMATION Date:_____

Name:_____ Phone (H) _____

Address:_____ Phone (O)_____

_____

D.O.B. _____ Height:_____ Weight (current)_____ (1 yr. Ago)_____

Have you exercised within the past 6 months? ❑ YES ❑ NO

Type of exercise:_____

_____

Are you dieting? ❑ YES ❑ NO Type:_____

Eating habits:_____

_____

_____

Packs cigarettes smoked/week_____ Alcoholic drinks consumed/week_____

Cups of coffee or tea consumed/day_____ Cans cola drinks consumed/day_____

HEALTH HISTORY

Indicate any diseases or illnesses you have had or currently have:

❑ Asthma	❑ Allergies	❑ Arthritis
❑ Back Condition	❑ High Blood Pressure	❑ Low Blood Pressure
❑ Bursitis	❑ Fatigue	❑ Joint Pain
❑ Ulcers	❑ Heart Condition	❑ Hemorrhoids
❑ Hernia	❑ Nervous Tension	❑ Sinus
❑ Varicose Veins	❑ Epilepsy	❑ Shortness of Breath
❑ Other		

Are you currently taking any medication? ❑ Yes ❑ No

Specify Type & Dosage:_____

When was your last physical examination?_____

Physician's Name_____ Phone: _____

Have you had a stress test? ❑ Yes ❑ No

Cholesterol Profile: HDLs _____ LDLs _____ Total_____

Form 4-2

Health History Questionnaire-2

Goals

Date:_____

- ❑ Lose (Gain) Weight
- ❑ Firm and Tone
- ❑ Improve Cardiovascular Endurance
- ❑ Develop Flexibility
- ❑ Improve Coordination or Sports Related Skills
- ❑ Develop Muscle Bulk
- ❑ Other

Equipment Availability

Time Availability

Miscellaneous Notes

Form 5-1

Health History Questionnaire

Please fill this form out with complete accuracy – it is essential for your safety.

Name:_____ Age:_____ Sex_____ Height:_____ Weight:_____

Address:_____ Work Phone:_____ Home Phone:_____

_____ Occupation:_____

Known Diagnosis, if any _____

Do you have or have you ever had:	YES	NO	
Have you ever been hospitalized			
Heart Attack or Heart Trouble			
Chest Pain or Angina Pectoris			
Coronary Bypass or Angioplasty			
Abnormal or Positive Exercise Stress Test			
Heart Murmur – Noted by a Physician to be			
significant or suggestive of a heart abnormality			
Irregular Heart Beat or Rhythm – Noted by a physician to be significant or suggestive of a heart abnormality			
High Blood Pressure Above 145/95			
Impaired Circulation			
Stroke			
Convulsions or Loss of Consciousness			
Diabetes Mellitus			
High Blood Cholesterol Level			
Are You Pregnant			
Do you smoke or have you ever smoked or used smokeless tobacco for a total of 10 years			

Form 5-2

	Yes	No	
Musculoskeletal Limitations of Movement			
Difficulty Breathing/Shortness of Breath			
Arthritis, Rheumatism			
Knee Problems			
A chronic, recurrent or morning cough			
Any episode of coughing up blood			
Increased anxiety or depression			
Swollen, stiff or painful joints			
Back Pain (Herniated or ruptured Disc)			
Shoulder Pain			
Surgery			

IMPORTANT: If you answered Yes to any of the previous questions, contact your physician as soon as possible.

Your Physician's Name:_____ Phone Number:_____

Address_____

_____

I certify to the best of my knowledge the above information is correct and complete. I also understand that, _____ assumes no responsibility for any illness, accident or injury I may incur from the use of the programs, services or facilities. All individuals are strongly encouraged to consult with a physician before entering a non-medically supervised exercise program.

Signature_____ Date_____

Signature of IFPA Certified Trainer_____ Date_____

This form may be used by current IFPA Certified Instructors only. Use of this form by anyone not IFPA Certified or an Instructor who has expired is prohibited. No one may change the wording of this form without express written consent of IFPA

Form 6

Informed Consent Form for Exercise Testing

Testing Objectives:

I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, including heart, lung, and blood vessel capacities for whole body activity, body composition (ratio of body fat to muscle, bone, and water), joint flexibility, and possibly muscular endurance and strength.

Explanation of Procedures:

I understand that the tests which I may undergo may be performed on a treadmill, bicycle, steps, or on a track. The tests are designed to increase demands of the heart, lung, and blood vessel systems. These tests will continue for a specified period of time or distance or unless symptoms prohibit further exercise. Body composition will be determined through us of skinfold tests or other designated procedures to determine levels of body fat versus fat-free weight. Flexibility testing such as the sit-and-reach test may be used to determine flexibility around the hip joint or other joints as deemed necessary. Muscular endurance and or strength may be determined through the use of body calisthenics and/or equipment. Other tests which may be utilized will be explained thoroughly prior to use of any test not explained here.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise testing. These changes include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains and injuries, and, in rare instances, heart attack, stroke, or even death. Monitoring of the testing process by a fitness specialist should provide appropriate precaution against such problems.

Description of Benefits to be Expected.

I understand that the results of these tests will aid in determining my physical fitness status and in determining potential health hazards. These results will facilitate a better individualized exercise prescription.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription without my permission. However, I am in agreement that information from these tests not identifiable to me can be used for research purposes.

Signature of Participant_____ Date _____

Signature of Witness _____ Date _____

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize Operation Triple T, LLC (photographer/videographer), the Corporation for National and Community Service (Corporation), or Operation Triple T, LLC employees/volunteers (project or project sponsor) to use, reproduce, and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.

Description of Material (Photos/Audio-Visual):

Photos, audio-visual, interviews, speeches, and/or recordings, during Operation Triple T, LLC bootcamp events or sponsored events

_____

_____

_____

_____ Signature

_____ Date