

RRCC Personal Training Client Health History Form

Please answer each question by printing the necessary information. Your answers will be kept confidential.

Name _____ Birth Date _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____ Cell _____

E-mail _____

In case of emergency, please notify:

Name _____ Relationship _____

Phone Number(s) Home _____ Work _____ Cell _____

Please note: In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

Are you under the care of a physician, chiropractor, or other health care professional for any reason?

If yes, list reason: _____

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? _____

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it. _____

Please list:

Has your doctor ever said your blood pressure was too high? _____

Are you over age 65? _____ **Are you unaccustomed to vigorous exercise?** _____

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck _____

Upper Back _____

Shoulder / Clavicle _____

Arm / Elbow _____

Wrist / Hand _____

Lower Back _____

Hip / Pelvis _____

Thigh / Knee _____

Lower Leg / Ankle / Foot _____

Please take a moment to carefully read the following information and sign where indicated.

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist for any nutritional concerns, mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in the personal training program offered through Holland Township/Riegel Ridge Community Center personal trainers and affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Holland Township/Riegel Ridge Community Center and its personal trainers and affiliates. In consideration of my participation in this program, I hereby release Holland Township/Riegel Ridge Community Center and its personal trainers and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Holland Township/Riegel Ridge Community Center and its personal trainers and affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

I agree to the following policies:

- Applicable payment is due at time of appointment
- Late/Cancellation Fee:
 - Personal training sessions that are not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
 - Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
- All communication must be done directly through your personal trainer.
- All packages expire 12 months after purchase.
- No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Signature _____ **Date** _____