



Personalized Fitness Regimen Questionnaire

Client: _____ age: _____

email: _____ Address: _____

Primary phone: _____

Alternate phone: _____

Emergency Contact: _____ Emergency phone: _____

Personal goals: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Improve balance |
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Stop smoking |
| <input type="checkbox"/> Relieve stress | <input type="checkbox"/> Improve posture |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Exercise more regularly |
| <input type="checkbox"/> Improve cardiovascular health | <input type="checkbox"/> Improve eating habits |
| <input type="checkbox"/> Tone and firm | <input type="checkbox"/> Sports specific training |

Other: _____

What sports or physical activity do you enjoy most? _____

How many days a week do you participate in at least 20 minutes of regular activity?

What are your areas of concern? _____

(This information will be kept confidential and used to maximize your goals, keep you informed of any changes in schedule, or notify someone in the unlikely event of emergency.)



Physical Activity Readiness Questionnaire

Moderate or vigorous exercise should not be a hazard for most people providing it is undertaken as a part of a regular program starting from low intensity and progressing gradually. However, some people will need medical evaluation and advice before starting a program, some may need to exercise under medical supervision and some people may only be able to undertake restricted physical activity under medical supervision.

If you answer **NO** to all the questions, it is reasonable for you to assume that you are in a suitable physical condition to start a regular graduated exercise program.

If you answer **YES** to one or more questions, you are first advised to consult your doctor prior to participating in any exercise program.

Client name: _____

YES NO

1. Has your doctor ever said you have heart disease, high blood pressure or any other cardiovascular problem?
2. Is there a history of heart disease in your closest family (below age 55)?
3. Do you ever have pains in your heart and chest, especially associated with minimal effort?
4. Do you often get headaches, feel faint or dizzy?
5. Do you suffer from either pain or limited movement in any joint, which has been caused by exercise or might be aggravated with exercise?
6. Are you taking drugs/medication at the moment or recuperating from recent illness or operation?
7. Are you pregnant?
8. Are you unaccustomed to exercise and aged over 50, if a woman or over 40 if a man?
9. Do you have any other medical condition (e.g. diabetes, epilepsy, etc.), which you think may affect your ability to participate in exercise?

YES	NO



Release of Liability

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Dare To Be Fit, LLC (Michelle Cushing) and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Dare To Be Fit, LLC (Michelle Cushing) and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Dare To Be Fit, LLC (Michelle Cushing) or the use of any equipment at various sites, including home, provided by and/or recommended by Dare To Be Fit, LLC (Michelle Cushing).

Please initial: _____

2. I have been informed of, and understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Please initial: _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

Please initial: _____

4. I understand that Dare To Be Fit, LLC (Michelle Cushing) providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

Please initial: _____

Client name: _____

Signature: _____

date: _____

Trainer's Signature: _____

date: _____