

## G-FIT PERFORMANCE TRAINING: TRUST THE PROCESS

Client Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Client E-mail: \_\_\_\_\_

*PLEASE COMPLETE IF CLIENT IS UNDER THE AGE OF 18:*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

The following physical activity readiness questionnaire (PAR-Q) is to identify high-risk individuals without inhibiting their participation in exercise programs. The PAR-Q is a self-administered questionnaire, participants are directed to contact their personal physician if they answer “yes” to one or more of the below questions.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 12 and 69, the PAR-Q will tell you if you should check with your doctor before you begin your exercise program. If you are over the age of 69, and you are not used to being very active, check with your doctor and have your doctor complete a Medical Referral Form. Please read the questions carefully and answer each one honestly. Check YES or NO.

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?		
2. Do you feel pain in your chest when you do physical activity?		
3. Have you developed chest pain in the past month when not doing physical activity?		
4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?		
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?		
6. Has your doctor ever prescribed drugs for your blood pressure or heart condition?		
7. Are you aware, through your own physical experience or a doctor's advice, of any physical reason that would prohibit you from exercising without medical supervision?		

If you answered YES to one or more questions:

- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with you doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.
- Delay becoming more active:
  - If you are not feeling well because of a temporary illness such as cold or a fever – wait until you feel better
  - If you are or may be pregnant

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or fitness appraisal, this section may be used for legal or administrative purposes.

**I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian  
*(for participants under the age of 18)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

**DECLARATIONS:** This Agreement is entered into between Personal Trainer Genet Loganbill and the undersigned "Client". The provision of personal training services by Trainer to Client, and Client's use of any premises, facilities or equipment are contingent upon this Agreement.

**ASSUMPTION OF RISK:** You agree that if you engage in any physical exercise or activity, including personal training, or use any facility or equipment on Trainer's premises for any purpose, you do so at your own risk and assume the risk of any and all injury and/or damage you may suffer, whether while engaging in physical exercise or not. This includes injury or damage sustained while and/or resulting from using any premises or facility, or using any equipment, whether provided to you by Trainer or otherwise, including injuries or damages arising out of the negligence of Trainer, whether active or passive, or any of Trainer's affiliates, employees, agents, representatives, successors, and assigns. Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), gyms, sports fields, courts, parks, beaches, trails or other areas, locker rooms, sidewalks, parking lots, stairs, hills, pools or other general fitness areas, 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, jumping, aerobic activities, aquatic activities, soccer, basketball, volleyball, lacrosse, 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 the negligence of Trainer or otherwise.

**RELEASE:** You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge Trainer (and Trainer'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 Trainer, whether active or passive, or any of Trainer'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 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 or from personal training, including injuries resulting from Trainer'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 Trainer from any loss, liability, damage, or cost Trainer may incur due to the provision of personal training by Trainer to you and/or your child.

**ACKNOWLEDGMENTS:** You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of California 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 Trainer offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Trainer is 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 Trainer. You acknowledge and agree that Trainer 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 trainer for trainer's negligence, or for any defective product used while receiving personal training from trainer. 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.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian  
*(for participants under the age of 18)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PERSONAL TRAINING POLICY AND PROCEDURES

- Package sessions are non-refundable
- Package sessions must be paid in full and are to be paid on the first of each month
- Package sessions must be used within the time frame given to you by G-FIT trainer at the time of sign-up
- In case of emergency, client may re-schedule an appointment if trainer is notified at least 24 hours before original appointment
- Physical Activity Readiness Questionnaire (PAR-Q), assumption of risk, waiver and release of liability, and indemnity agreement and personal training and payment agreement must be completed, signed and on file prior to the beginning of the first session.
- Training sessions will begin promptly at the time specified by the client and trainer and end one hour from that specified time.

I declare that I have read, understand and agree to the contents of this Personal Training and Payment Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Personal Training Policies & Procedures are intended to be as broad and inclusive as permitted by the State of California and agree that if any portion is held invalid, the remainder will continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian  
*(for participants under the age of 18)*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date