



Personal Training Contract & Policies

Name: _____	Date: _____
Promotion: _____	Training package: _____
Price: _____	Price per session: _____
The training sessions will take place on Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday at _____ or _____.	

Please be ready to begin each training session at your scheduled appointment time. Training sessions are not extended if you are late. Should you, the client, wish to reschedule an appointment, I will do my best to accommodate your request. If the request is placed less than 24 hours prior to appointment, you will be charged for the appointment.

****NOTICE**

Contracts expire 6 months after purchase. This agreement cannot be canceled and is NON-REFUNDABLE. All contracts can be transferred. Contracts can be extended for injuries, pregnancy, and job loss ONLY.

I, the client, hereby agree, for myself and my family members, my heirs, executors and administrators, to waive and release any and all rights and claims for damages I may have against Laser Sharp Fitness or its respective agents, representatives, successors and assigned personal fitness professionals for any and all injuries which may be suffered by me in connection with my activities at Laser Sharp Fitness. I understand that I am voluntarily participating in the Personal Training program, which has been explained verbally and in writing. I also acknowledge that I am responsible for the full dollar amount of the contract no matter what the circumstances may be surrounding the fitness program. I am aware of my own current level of health and physical condition, and am aware that participating in any exercise program has inherent injury risks. I agree to provide medical clearance if applicable.

Trainer's name: _____ Phone number: _____ Date: _____

Client's signature: _____ Phone number: _____ Date: _____

Email: _____ Address: _____

Payment plan

Down: _____	Date: _____		
1: _____	Due: _____	Paid: Y / N	Initial: _____
2: _____	Due: _____	Paid: Y / N	Initial: _____
3: _____	Due: _____	Paid: Y / N	Initial: _____



CONSENT AND ASSUMPTION OF RISK FOR
Personal Trainer
AND EVALUATION AND PHYSICAL FITNESS PROGRAMS

I, _____, DESIRE TO USE THE SERVICES OF A PERSONAL TRAINING PROFESSIONAL provided by Laser Sharp Fitness. I understand that working with a personal fitness professional will involve a physical fitness program which may include testing procedures (such as body fat %, circumference, cardiorespiratory, strength, flexibility, and other such testing procedures), aerobic activities (such as treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weightlifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain and injury.

I also understand that a program of regular exercise for the heart and lungs, muscles, and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function and a decrease in risk of heart disease. The amount and degree of benefits experienced will be relative to the adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a personal fitness professional and I voluntarily agree to assume such risks. In consideration of Laser Sharp Fitness providing me with a personal fitness professional, I, for myself, my heirs and assigns, hereby release and hold harmless Laser Sharp Fitness, and the personal fitness professional from any claims, demands and causes of action of any kind. Further, I hereby release Laser Sharp Fitness and the personal fitness professional from any liability now and in the future relating to any illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Signature

Date



Health History Questionnaire

This Form and Your Confidentiality

This health history form is your opportunity to provide information that will assist our personal fitness professionals in evaluating your current level of health fitness. Laser Sharp Fitness will maintain this form and the information you provide in a manner that assures your confidentiality. Any information you provide will be available only to the personal fitness professionals of Laser Sharp Fitness and will be used solely in conjunction with planning and developing health and fitness programs.

Basic Information			
Name:	Today's date:		
Home phone #:	Cell phone #:		
D.O.B. / Age: /	Height:	Weight:	
Address:			
Employer:	Phone #:		
Primary physician's name:	Phone #:		
Emergency contact's name:	Phone #:	Relationship:	

Health History

Please indicate your history related to each of the following conditions by checking the appropriate box. If you have had any condition in the past, please indicate the date in the appropriate space.

Condition	Never	Now	Have had (date)
Heart murmur, clicks, or other cardiac findings			
Frequent extra, skipped, or rapid heart beats/palpitations			
Heart attack, coronary bypass, or other cardiac surgery			
Chest pain / angina (especially upon exertion)			
Currently pregnant			
Diagnosed with high blood pressure			
Leg cramps during exercise			
Chronic swollen ankles			
Varicose veins			
Frequent dizziness / fainting / shortness of breath / concussion			
Blood clot			
Severe arthritis			
Orthopedic problem(s) or complaint(s)			
Chronic back pain / hernia			
Musculoskeletal problem(s) or complaint(s)			
Asthma			
Cancer			
Diabetes			
Epilepsy / seizures			
Rheumatic fever			
Scarlet fever			
Bronchitis			
Stroke			
Pneumonia			

Health History Questionnaire(continued)

Recent surgery, chronic conditions (please describe and give dates)

Other medical problems / considerations, recent illness(es), hospitalization(s), or injury

Current medications / prescriptions

Do you smoke? _____

Date of last complete medical or physical exam: _____

Do you know of any medical or health conditions, considerations, or circumstances that might make it dangerous or unwise for you to participate in an exercise program?

Family health history

Please indicate the number of blood relatives (mother, father, grandparents, brothers, sisters, children) who:

have had a heart attack prior to age 65 _____

have had a stroke _____

have had or now have diabetes _____

have been or are substantially overweight _____

The information submitted on this Health History Form is true and complete to the best of my knowledge, and I understand that any wrong or incomplete information could result in a less effective program, injury, or illness. Should any changes in my health history change, I acknowledge it is my responsibility to inform the personal training professional and Laser Sharp Fitness in writing immediately.

Signature

Print Name

Received by Laser Sharp Fitness

date: _____