



Chan Soon-Shiong
Medical Center
at Windber

HealthStyles Fitness Center

HealthStyles Personal Training Client Agreement

Name _____ Date of Birth _____ Sex M F
 Address _____ City/State/Zip _____
 Home Phone _____ Work Phone _____ E-mail _____
 Employer _____ Occupation _____
 How did you learn about HealthStyles Fitness Center? _____
 Primary Care Physician _____ Physician Phone _____
 Emergency Contact Name _____
 Relationship to Member _____ Emergency Contact Phone _____

HealthStyles Personal Trainers are professionals who apply scientific knowledge to train the general population for the primary goal of improving general fitness and health. They conduct goal specific testing sessions, design and implement safe and effective general conditioning programs, and provide guidance regarding nutrition and injury prevention. Recognizing that their expertise is separate and distinct, Personal Trainers consult with and refer clients to other professionals when appropriate.

The policy for canceling a personal training session is as stated:

A client is responsible for coming to all scheduled appointments. If a client needs to cancel a session, the trainer must receive notification no less than 12 hours prior to the scheduled time. A no show, or less than 12 hours notice, will result in the client being charged the appropriate fee for that session. If a client is late for a session, the trainer is not expected to make up for the amount of time tardy. If a client is more than 15 minutes tardy, the trainer is not obligated to provide that training session. If a Personal Trainer is unable to make a scheduled session, the Trainer must give no less than 12 hours notice or the client receives one free session onto the session/package purchased.

The policy for the expiration of Personal Training sessions is as stated:

From the date of purchase:

- _____ A single (1) session will expire in two weeks @\$30
- _____ A package of three (3) sessions will expire in three weeks @\$75
- _____ A package of six (6) sessions will expire in six weeks @\$130
- _____ A package of twelve (12) sessions will expire in 12 weeks @\$240

One week will be added to the expiration date for each session cancelled by the trainer, whether or not 12 hours notice was given.

All sessions are to be paid before being scheduled.

Signature confirms that you understand and agree to the above terms.

Client Name (Print) _____

Client Signature _____ Date _____

Trainer Name (Print) _____

Trainer Signature _____ Date _____

Please note: This contract is in effect for one year from the above date.

HealthStyles Personal Training Health Questionnaire

Name _____ Date of Birth _____ Age ____ Sex M F
Physician _____ Date of Last Physical _____

RISK FACTORS

_____ Smoking _____ Sedentary/Inactive _____ Stroke
_____ High Cholesterol _____ Diabetes _____ Family History of Heart Disease
_____ High Blood Pressure _____ Obesity

How would you rate your present level of fitness? Poor Fair Average Good Excellent

Do you take any medications prescribed by your physician? Yes No

If yes, please specify _____

Are you currently being treated for any heart problems? Yes No

If yes, please explain _____

Do you have a history of heart problems? Yes No

_____ Heart Attack _____ Pacemaker _____ Angioplasty
_____ Bypass Surgery _____ Valve Replacement _____ Stent Placement

Have you ever had a stress test? Yes No If yes, when? _____

Have you ever had a cardiac catheterization? Yes No If yes, when? _____

Are you currently involved in a physical or occupational therapy program? Yes No

If yes, please explain _____

Have you had any surgeries in the past six months? Yes No

If yes, please explain _____

PHYSICAL ACTIVITY READINESS

Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No 2. Do you feel pain in your chest when you do physical activity?

Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?

Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes No 7. Do you know of any other reason why you should not do physical activity?

If yes, please explain _____

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

Signature _____ Date _____

Signature of Parent/Guardian _____ Witness _____
(for participants under the age of 18)

HealthStyles Informed Consent for Personal Training

- I desire to engage voluntarily in personal training at HealthStyles. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. However, the cardiorespiratory system response to exercise can not be predicted with complete accuracy. There is a risk of certain changes that might occur during the following exercise. These changes might include abnormalities of blood pressure or heart rate.
- I understand that the purpose of the personal training is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength and endurance. Specific exercise sessions are available based on my needs, interests, and if necessary my doctor's recommendation. All sessions may include warm-ups, exercising at target heart rate, followed with a cool down period. The sessions may involve walking, jogging, swimming or cycling; participation in exercise fitness, rhythmic aerobic exercises, or choreographed fitness classes; or calisthenics or strength training. All sessions are designed to place gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.
- I understand that I am responsible for monitoring my own condition throughout the training session and should any unusual symptoms occur, I shall cease my participation and inform the personal trainer of the symptoms.
- In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of my personal training. I also agree that my questions regarding this have been answered to my satisfaction.
- In the event that a medical clearance must be obtained prior to my participation in personal training at, I agree to consult my physician and obtain written permission from my physician or **sign an assumption of risk** prior to the commencement of exercise.
- Also, in consideration for being allowed to participate in personal training at HealthStyles, I agree to assume the risk of such exercise and further agree to hold exempt HealthStyles and its staff members conducting the personal training from any and all claims, such losses, or related causes of action for damage, including, but not limited to, such claims that may result in injury or death, accidental or otherwise, during or arising in any way from the exercise program.

Client Name (Print) _____

Client Signature _____ Date _____

Trainer Name (Print) _____

Trainer Signature _____ Date _____