

FITNESS PROGRAM FOR KRISTIFIT

PARTICIPATION AGREEMENT

I, the client _____ understand and agree to the following.
(Name)

- A. I will make my training sessions a priority in my life.
- B. I understand that I may be asked to perform additional exercise on my own.
- C. I understand that I may be asked to modify or change my eating habits.
- D. I understand that I may be asked to make lifestyle changes in keeping with my commitment to lead a healthy lifestyle.
- E. I understand that ultimately I am responsible for obtaining my goals and that what I do outside of my personal training sessions can affect my overall health and fitness.
- F. I understand and agree that I am worth the effort it will require to lead a happy and healthy lifestyle.

CANCELLATION POLICY

1. A 24 hour notice of cancellation is required should you, the client, wish to cancel a training session. Otherwise, you, the client, will be charged for the session.

PAYMENT POLICY

1. All payments shall be made either the same day as the training session or in advance toward future training sessions.

Client's Signature/ Date

Trainer's Signature/ Date

Health and Fitness History

Personal Information

All information is confidential.

Name: _____

Phone Numbers:

Address: _____

Cell: _____

Work: _____

Age: _____

Height: _____

Home: _____

Weight: _____

Email: _____

Limitations

	YES	NO		YES	NO
Head	_____	_____	Middle Back	_____	_____
Neck	_____	_____	Lower Back	_____	_____
Shoulder(s)	_____	_____	Hip(s)	_____	_____
Elbow(s)	_____	_____	Shin(s)	_____	_____
Wrist(s)	_____	_____	Ankle(s)	_____	_____
Finger(s)	_____	_____	Foot (Feet)	_____	_____
Knee(s)	_____	_____	Toe(s)	_____	_____
Upper Back	_____	_____			

1. If you answered yes to any of the above, please explain here: _____

2. List any muscle injuries you have had, include dates: _____

3. List any bone injuries you have had, include dates: _____

4. List any muscle, bone, or joint pain you are presently experiencing: _____

5. Specify any activities you have been advised to avoid: _____

6. Specify any medications you are presently taking: _____

7. Alcohol consumption ___ none/low ___ medium ___ high

8. Do you smoke? ___ yes ___ no
If yes, how many years and how much: _____

9. Is there any other health condition that might limit your participation in the training program? (i.e. pregnancy, disability, etc.): _____

Physical Fitness History

1. How many days a week do you exercise?
 ___ 0 ___ 1-2 ___ 3-5 ___ 6-7

2. In your estimation, how physically fit are you right now?
 ___ unfit ___ below average ___ average ___ above average ___ very fit

3. Have you been exercising regularly? ___ yes ___ no
If no, how long has it been since you did? _____
If yes, describe your exercise program below.

Activity	Frequency (times/week)	Duration (time/session)	Intensity (difficulty)

Eating Habits

1. Meals a day: ___ 1 ___ 2 ___ 3 ___ 4 ___ snack all day

2. The foods I eat generally are:
 ___ high in fat ___ medium fat ___ low in fat

Sleeping Habits

1. Hours per night: ___ < 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ more

What are your personal health and fitness goals?

Kristi Major
Personal Program Release and Waiver of Liability
Agreement

It is recommended to every person joining a physical fitness program that he or she undergo a complete physical examination by their Physician. If there are any physical limitations, these should be indicated and made known to Kristi prior to participation. As good practice, Kristi recommends that every person have an annual check up.

I _____ ("CLIENT"), acknowledge that I wish to participate in personal training with Kristi Major ("TRAINER").

I am aware that personal training may be hazardous, and I am voluntarily participating in this activity with knowledge of the danger involved and agree to assume any and all risks of bodily injury.

As consideration for being permitted by Kristi Major to participate in these activities, I hereby agree that I, my assignees, heirs, next of kin, spouse, and legal representatives will not make a claim against, sue, or attach the property of Kristi Major for injury or damage resulting from the negligence or other acts, however caused, by Kristi Major as a result of my participation in the activities described above. I forever release Kristi Major, assignees, heirs, next of kin, spouse, and legal representatives from any and all action, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I certify that I have carefully read this agreement and I fully understand its contents. It is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, next of kin, spouse, administrators, executors, successors, and assignees. I am aware this is a release of liability and a contract between myself and Kristi Major and I am signing it of my own free will.

Executed at _____, California, on _____, 20_____.

CLIENT/RELEASER: _____

SIGNATURE: _____