



## Lifestyle Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home# \_\_\_\_\_

Work# \_\_\_\_\_

*In case of emergency, please list two people that we may contact:*

1) \_\_\_\_\_ Phone# \_\_\_\_\_

2) \_\_\_\_\_ Phone# \_\_\_\_\_

Yes No *Have you been hospitalized or had surgery in the last twelve months?*

Y N *If yes, describe:* \_\_\_\_\_

Y N *Has anyone in your immediate family had a heart attack or other heart related problems before the age of 50? If yes whom:* \_\_\_\_\_

Y N *Has a physician ever placed any restrictions on your exercise or activity level? If yes, please explain* \_\_\_\_\_

Y N *Do you smoke cigarettes? If you did, how long ago did you quit?* \_\_\_\_\_

Y N *Are you presently exercising/involved in a recreational activity? If so, what is it and how often:* \_\_\_\_\_

*Are you receiving treatments for or do you have a history of any of medical conditions? If so Please list and describe:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What are your specific wellness & fitness goals?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What have you done in the past for exercise and fitness?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Client Agreement

In consideration of being allowed to participate in the activities and programs of Total Refit/Angela Rogers and to use the equipment in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Total Refit/Angela Rogers and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities.

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

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 or use of equipment except as herein after stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the 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 and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and the use of equipment with out the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

All training sessions will be set by Total Refit/Angela Rogers and client and will begin promptly at the place and time specified. Please be ready to exercise at the designated time, if the client is late his/her session may be shortened by the number of minutes that they are late.

A 24-hour notice is required for canceling training sessions. Cancellations occurring in less than the 24 hours in advance and/or "no shows" will incur the regular personal training rate and/or forfeit planned training session. In addition to forfeiting planned training session, additional charge may incur for undo time or travel.

All sessions will be prepaid in full when an appointment is scheduled. Please make all payments out to Angela Rogers prior to session. In an effort to assure a results-oriented program, multiple training session packages expire 3 months from the date of purchase. All training sessions not used by the expiration date will be forfeited.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Trainer: \_\_\_\_\_ Date: \_\_\_\_\_