



Personal Training & Class Purchase Agreement

Welcome to the *Trainers Edge*, and congratulations on beginning your personal training or group training program! We are delighted you chose us as a part of your commitment to health and fitness. With the help of your personal trainer, you will improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The details of these training sessions can be used for a lifetime.

In order to maximize progress, it is important to follow program guidelines during supervised and (if applicable) unsupervised training days. **Remember, exercise and healthy eating are EQUALLY important!**

The following information will provide you with important program policies. Before getting started, please read and sign this form to acknowledge that you have read and understand the following information.

Personal Training Information and Policies

This Agreement is made and entered into on the ____ of _____, 200____, by and between _____ ("Client"), Trainer and Trainers Edge. In consideration of the mutual promises exchanged herein and other good and valuable consideration, the parties agree as follows:

- 1. Commitment:** By purchasing Sessions, Client is making a commitment to his/her health. Clients should follow the program and instructions of Trainer to the best of their ability to maximize their results and better achieve their goals. Remember, the ultimate results are up to the Client: Trainer will show Client how to work his muscles correctly and encourage him/her to go to his/her safe limit, but Client is the only one who can make sure he/she works out consistently, eats properly, gets plenty of sleep, and lives a healthy lifestyle. **Fitness Assessment and Orientation** is provided at no charge if you desire one.
- 2. DISCLAIMER OF LIABILITY:** Trainers Edge, Inc. urges all Group participants and Personal Training clients to obtain a physical examination from their physicians prior to initiating any exercise program. In recognition of the possible dangers connected with any physical activity, group and personal training clients hereby knowingly and voluntarily waive(s) any cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue to Trainers Edge, Inc., its officers, agents, employees, instructors or assigns and agree to hold Trainers Edge, Inc. harmless there from.
- 3. Specifics:** Trainer and Client shall agree upon the time, program type, content, and location of personal training sessions ("Sessions") at the rate set forth on the attached rate sheet and detailed below.



4. **Length of Sessions:** Sessions will last approximately fifty-five (55) minutes.
5. **Attire:** Client must wear comfortable workout attire, including, but not limited to, clean t-shirts, shorts, tights, sweats, and/or tracksuits. Athletic shoes must be supportive and functional. Workout gloves are optional. Please do not hesitate to ask Trainer for advice on what type of clothing and shoes is appropriate.
6. **Stopping Exercises:** Client may refuse or stop any exercise for any reason. It is Client's responsibility to notify Trainer of any discomfort or pain arising from or during exercise, as well as, any and all other known limitations Client has or experiences so that Trainer may accommodate Client and substitute another exercise to work that particular muscle group.
7. **Payment:** Payment for sessions will be made before the sessions begin. Client can pay in advance for **6 sessions** or **12 sessions** or **10 Sessions (Classes)** at the rate the client and trainer agreed upon. Checks are accepted and should be made out to the *Trainers Edge* and Visa and Master Cards are also accepted.
8. **Cancellation of Individual Sessions:** **Twenty-four (24) hour cancellation notice**, by phone or text, is required for cancelling any and all individual Sessions. Any and all cancellations with less than twenty-four (24) hours notice will result in forfeiture of the Session without refund. If Trainer must cancel a Session, he/she will do so, by phone, with at least twenty-four (24) hours notice/
9. **Death or Disability:** Should Client become unable to use or receive services under this contract due to death or disability. Trainer requires reasonable evidence of death, e.g. death certificate, or disability, e.g. doctor's note, to be presented at the time of cancellation. Reasonable evidence includes, but is not limited to, a doctor's letter about the onset of disability or death certificate.
10. **Cancellations in Writing:** Notice of cancellation must be mailed or emailed to the *Trainers Edge at 770 Monroe Road, Sanford, FL 32771 and/or Cancellation form accessed on www.thetrainersedge.net*. The trainer or Trainers Edge will refund any unused sessions to the client.
11. **Option to Renew:** Client shall have the option to renew after initial sessions that were purchased ends. After two years client must sign a new contract.



Program Description: One-on-One PT Two-on-One PT Group PT
 Pilates Group Training

Number of Sessions: _____ **Rate:** \$ _____ per Session

TOTAL AMOUNT DUE: \$ _____

WE WISH YOU BEST OF LUCK ON YOUR NEW PERSONAL TRAINING PROGRAM!

Please Fill Out All Fields

Participant's name (please print clearly)

Participant's signature

Date

Parent/guardian signature (if needed)

Date

Trainer's signature

Date

Address

City, State Zip Code

Phone Number

Email (optional)

Emergency Contact Name

Phone Number

HEALTH/MEDICAL QUESTIONNAIRE

Past History: Have you had OR do you presently have any of these conditions?
(Yes=Y or No=N)

Rheumatic Fever	()	Recent Operations	()	Edema (ankle swelling)	()
High Blood Pressure	()	Injury to Back or	()	High Cholesterol	()
Low Blood Pressure	()	Knees	()	Seizures	()
Lung Disease	()	Heart Attack	()	Fainting	()
Diabetes	()	Medical Problems	()	Other Injuries	()

Family History: Have any relatives had OR do any relatives currently have any of these conditions? (Yes=Y or No=N)

Heart Attack	()	High Blood Pressure	()	Diabetes	()
Heart Operation	()	Congenital Heart Disease	()	High Cholesterol	()
Other	_____				

Explanation

CORONARY ARTERY DISEASE RISK FACTORS

Positive Risk Factors (Y or N)	Defining Criteria
_____ 1. Age	Men >45 years: Women >55 OR premature menopause without estrogen replacement therapy
_____ 2. Family History	MI or sudden death before 55 years of age in father or mother male first-degree relative OR before 65 years of age in mother or other female first-degree relatives
_____ 3. Current cigarette smoking	
_____ 4. Hypertension	Blood pressure 140/90mm Hg, confirmed by measurements on at least 2 separate occasions OR on anti-hypertensive medication
_____ 5. Hypercholesterolemia	Total serum cholesterol > 200 mg/dL (if lipoprotein profile is unavailable) OR HDL < 35 mg/dL
_____ 6. Diabetes mellitus	Persons with insulin dependent diabetes mellitus (IDDM) who are >30 years of age OR have had IDDM for >15 years; and persons with non-insulin dependent diabetes mellitus (NIDDM) who are >35 years of age should be classified as patients with disease
_____ 7. Sedentary lifestyle/ inactivity	Persons comprising the least active 25% of the population, as defined by the combination of sedentary jobs involving sitting for a large part of the day and no regular exercise or active recreational pursuits

physical

Negative Risk Factor Defining Criteria

1.High serum HDL cholesterol >60 mg/dL

Notes: (1) It is common to sum risk factors in making clinical judgements. If HDL is high, subtract one risk factor from the sum of positive risk factors, since high HDL decreases CAD risk: (2) Obesity is not listed as an independent positive risk factor because its effects are exerted through other risk factors (e.g. hypertension, hyperlipidemia, diabetes). Obesity should be considered as an independent target for intervention.

CLIENTS WITH TWO OR MORE CORONARY RISK FACTORS MUST BE REFERRED TO A PHYSICIAN AND AGREE TO THE FOLLOWING:

I acknowledge the existence of risks in connection with fitness assessment and exercise activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course of the prescribed exercise program. I have been advised to seek the advice of a physician prior to initiating any exercise program. By signing below, I accept full responsibility for my health and well-being and acknowledge an understanding that no responsibility is assumed by the leaders of this program.

Signed: _____ Print: _____ Date: _____

FITNESS ASSESMENT

Client Name _____ Date: _____

Height _____ Male/Female _____ Weight _____ Age _____

1. Body Composition

Body Fat: _____%

Pec _____ Tricep _____ Kidney _____ Sub _____ Bicep _____

Calf _____

Sup _____ Ab _____ Quad _____ TOTAL _____ *0.27/

Bodyweight = _____ Body fat Percent

OR

Waist-to-Hip Ratio _____ Waist Girth (Divided by)

_____ Hip Girth = _____ Ratio

2. Resting Heart Rate: _____ BPM

3. Blood Pressure: Systolic _____ iastolic _____

4. Muscular Endurance: Pushups _____ Sit Ups _____
Wall Squat _____seconds

5. Cardiovascular Endurance:

Beginner/Intermediate Clients:

Sub-maximal Life-cycle Test: Level _____ Ending Heart Rate _____
Score _____

Advanced Clients Only:

12 Minute Run Time _____ Minutes _____ Seconds

6. Flexibility _____ inches

Fitness Assessment Results: (circle one)

1. **Body Fat/Waist to Hip**(Superior Excellent Good Average Fair Poor V Poor)

2. **Resting Heart Rate**(Endurance Athlete Bradycardia Normal Tachycardia)

3. **Blood Pressure**(Normal Mild Moderate Borderline High Severe Very Severe)

4. **Muscular Endurance**(Superior Excellent Good Average Fair Poor V Poor)

5. **Cardiovascular**(Superior Excellent Good Average Fair Poor Very Poor)

6. **Flexibility** (Superior Excellent Good Average Fair Poor Very Poor)