

SLS New Client Intake and Release Forms

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Physicians Name: _____

Phone: _____

Personal Info

What is your primary goal?

What are your favorite activities?

**Health ~ PAR-Q Form Please mark YES or NO to the following: YES
NO**

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

- Do you feel pain in your chest when you do physical activity?

- In the past month, have you had chest pain when you were not doing physical activity? _____

- Do you lose your balance because of dizziness or do you ever lose consciousness?

- Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)? _____

- Are you pregnant now or have given birth within the last six months?

- Have you had a recent surgery?

- Do you take any medications, either prescription or non-prescription, on a regular basis? _____

- What is the medication for?

- Do you know of any other reason why you should not do physical activity?

- If you marked yes to any of the above, please explain below:

Personal Info

Do you smoke? Yes No If yes, how many per day?

Do you drink alcohol? Yes No If yes, how many glasses per week?_____

How many hours do you regularly sleep at night?

How many glasses of water do you consume daily?

Client Goals:

How can I best help you? Please circle all that apply:

Weight Loss

Strength Training

Develop Muscle Tone

Cardio

Nutrition Education

Start an Exercise Program

Sports Specific Training

Motivation

Other

Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

- _____

- _____

- _____

Please list anything else that you may feel is a concern or information that has not been disclosed that may be pertinent to being physically active or working with a personal trainer.

Participant Release and Acknowledgement of Agreement

I, _____, wish to participate in the exercise and training program offered by Space Love Strength LLC. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so

strictly at my own risk. I also agree to provide Space Love Strength LLC with my physician's contact information so that we may receive direct clearance and program recommendations/limitations from my physician. I further agree that Space Love Strength LLC shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Space Love Strength LLC from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform Space Love Strength LLC of any condition or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)