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|-------|-------------------|
| NAME | <i>START DATE</i> |
| PHONE | <i>PACKAGE</i> |
| EMAIL | |

CLIENT CONSENT AND EVALUATION KIT

CONFIDENTIAL

| | | | | | |
|---|--|--|--|--|-------|
| NAME | | | DATE | | |
| ADDRESS | | | CITY | | STATE |
| EMAIL | | | PHONE | | |
| EMERGENCY CONTACT | | | PHYSICIAN CONTACT | | |
| NAME | | | NAME | | |
| PHONE | | | PHONE | | |
| EMAIL | | | EMAIL | | |
| AGE | | | PLEASE LIST ALL CURRENT MEDICATIONS YOU ARE TAKING (IF ANY) | | |
| BIRTHDATE | | | | | |
| GENDER | | | | | |
| IF UNDER THE AGE OF 18, PROVIDE GUARDIAN NAME | | | | | |
| WHAT IS YOUR CURRENT EXERCISE PROGRAM? | | | HOW LONG HAVE YOU BEEN EXERCISING REGULARLY? | | |
| <input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY <input type="checkbox"/> VERY HIGH INTENSITY | | | WEEKS MONTHS YEARS | | |
| WHAT TYPE OF EXERCISE(S) INTEREST YOU? | | | HOW MUCH TIME ARE YOU WILLING TO DEVOTE TO AN EXERCISE PROGRAM? | | |
| <input type="checkbox"/> WALKING <input type="checkbox"/> STATIONARY BIKE <input type="checkbox"/> STRETCHING <input type="checkbox"/> RUNNING <input type="checkbox"/> ROWING <input type="checkbox"/> YOGA <input type="checkbox"/> JOGGING <input type="checkbox"/> RACQUETBALL <input type="checkbox"/> DANCE EXERCISE <input type="checkbox"/> SWIMMING <input type="checkbox"/> TENNIS <input type="checkbox"/> STAIR CLIMBING <input type="checkbox"/> CYCLING <input type="checkbox"/> OTHER AEROBIC <input type="checkbox"/> WEIGHT TRAINING | | | MINUTES PER DAY DAYS PER WEEK CAN YOU EXERCISE DURING YOUR WORK DAY? | | |
| HOW WOULD YOU DESCRIBE YOUR LEVEL OF COMMITMENT? | | | DO YOU FIND YOURSELF UNABLE TO STICK TO A REGULAR EXERCISE ROUTINE? | | |
| <input type="checkbox"/> NOT SURE <input type="checkbox"/> PRETTY GOOD <input type="checkbox"/> EXCITED <input type="checkbox"/> OKAY <input type="checkbox"/> READY <input type="checkbox"/> FOCUSED | | | | | |
| ARE YOU CURRENTLY PREGNANT OR GAVE BIRTH WITHIN THE PAST THREE MONTHS? | | | ANY RECENT SURGERIES WITHIN THE PAST YEAR? | | |
| | | | | | |

| | | | | | | |
|---|----------------------------------|----------------------------|----------------------------------|----------------------------|--|---|
| NAME | | | | | DATE | |
| HEIGHT | | | | | CURRENT WEIGHT | |
| T-SHIRT SIZE | | | | | DESIRED WEIGHT | |
| CHARACTERIZE YOUR PRESENT ATHLETIC ABILITY | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | WHAT ARE YOUR FITNESS GOALS? |
| ARE YOU COMPETITIVE WHEN YOU EXERCISE? | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| WHAT IS YOUR PRESENT CARDIOVASCULAR CAPACITY? | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| WHAT IS YOUR PRESENT MUSCULAR CAPACITY? | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| CHARACTERIZE YOUR PRESENT FLEXIBILITY | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| RATE YOUR EXERCISE LEVELS | | | | | WHERE YOU A HIGH SCHOOL/COLLEGE ATHLETE? IF YES, PLEASE SPECIFY | |
| AGE 15-20 | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| AGE 21-30 | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| AGE 31-40 | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| AGE 41-50+ | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| RANK YOUR EXERCISE GOALS | | | | | HAVE YOU HAD ANY NEGATIVE EXPERIENCES WITH FITNESS TESTING AND EVALUATION? IF YES, PLEASE EXPLAIN | |
| IMPROVE AEROBIC FITNESS | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | DO YOU HAVE ANY NEGATIVE FEELINGS TOWARD, OR HAVE YOU HAD ANY BAD EXPERIENCES WITH PHYSICAL ACTIVITY PROGRAMS? IF YES, PLEASE EXPLAIN |
| RESHAPE OR TONE BODY | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| IMPROVE PERFORMANCE FOR SPORT | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| IMPROVE MOOD & ABILITY TO COPE WITH STRESS | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| IMPROVE FLEXIBILITY | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| INCREASE STRENGTH | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| INCREASE ENERGY LEVELS | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| LOOK BETTER | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| ENJOYMENT | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| WEIGHT LOSS | <input type="checkbox"/> 1 (LOW) | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 (MED) | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 (HIGH) | |
| WHAT IS YOUR PERCEPTION OF THE EXERTION OF AN EXERCISE PROGRAM? | | | | | PLEASE DESCRIBE ANY CURRENT OR PAST INJURIES | |
| <input type="checkbox"/> LIGHT | | | | | <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">FOR OFFICE USE</div> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, #ccc 49%, #ccc 51%, transparent 51%);"></div> </div> </div> | |
| <input type="checkbox"/> FAIRLY LIGHT | | | | | | |
| <input type="checkbox"/> SOMEWHAT DIFFICULT | | | | | | |
| <input type="checkbox"/> VERY DIFFICULT | | | | | | |

NAME

DATE

DO YOU HAVE A HISTORY OF HEART PROBLEMS, CHEST PAIN OR STROKE?

INCREASED BLOOD PRESSURE OR CHOLESTEROL LEVELS?

ANY CURRENT OR PAST CHRONIC ILLNESSES OR HEALTH CONDITIONS?

ANY CURRENT OR PAST BREATHING OR LUNG ISSUES?

HAS A PHYSICIAN RECOMMENDED YOU NOT EXERCISE CURRENTLY OR IN THE PAST?

DO YOU HAVE DIFFICULTY EXERCISING?

ANY CURRENT OR PAST MUSCLE, JOINT OR BACK DISORDERS?

DO YOU HAVE DIABETES OR A THYROID CONDITION?

ARE YOU CONSIDERED OBESE (MORE THAN 20% OVER IDEAL BODY WEIGHT)?

ANY CURRENT OR PAST HERNIAS THAT MAY AGGRAVATED BY LIFTING WEIGHTS?

DO YOU SMOKE?
HOW MUCH?

ANY CURRENT OR PAST EATING DISORDERS?

PLEASE DESCRIBE ANY ISSUES OR HEALTH CONDITIONS THAT OUR TRAINERS SHOULD BE MADE AWARE OF

IS THERE A HISTORY OF HEART CONDITIONS IN YOUR IMMEDIATE FAMILY?

NOTES

NAME

DATE

INFORMED CONSENT FOR ENGAGING IN EXERCISE AND FITNESS EVALUATION

INFORMED CONSENT FOR INCLUSION IN MEDIA

I voluntarily agree to utilize the fitness evaluation services of Design by Fitness, LLC I understand that in order to evaluate the exercise capacity of my cardiorespiratory and muscular systems, I will undergo a graded exercise tolerance test, and muscular strength tests, respectively. I am aware that there exists the possibility of cardiovascular and/or cerebral changes occurring during or following exercise testing and/or training. These may include, but are not limited to, abnormal blood pressure, fainting, dizziness, disorder of the heartbeat, and rare instances of heart attack. However, I am aware that this exercise testing will be conducted by trained personnel in a careful manner and will be discontinued if any abnormality is observed.

I irrevocably consent to Design by Fitness, LLC dba Be Fit JC (Ron Aigle) and the Photographer (licensees and assigns) incorporating my image or likeness in photographs or illustrations in any form or media (images, video) and reproducing, publishing and communicating the images in any form and media for any purpose, whether commercial or otherwise (including marketing and social media).

I desire to engage voluntarily in this exercise program in an attempt to improve my physical fitness. I understand that these activities are designed to place a gradually increasing work load on my cardiovascular, cardiorespiratory and musculoskeletal systems, thereby attempting to improve their function the reaction of these systems to such activities cannot be predicted with complete accuracy. there risks include, but are not limited to: soft tissue injury (i.e., sprains and/or strains), abnormal blood pressure or heart rate response, ineffective "heart function" and possibly, in some instances, "heart attack" cardiac arrest. I realize that it is necessary for me to report promptly to the trained any sign or symptom indicating any abnormality or distress. I consent to the administration of any immediate resuscitation measures or first aid deemed advisable by the trainer.

I waive any right to inspect or approve the images or any publication incorporating the images and any right to compensation for the use of the images by the Photographer, its licensees and assigns. I release the Photographer, its licensees and assigns from any or all claims, actions, proceedings, demands and expenses and other liability that may arise in connection with the use of the images by any person.

INFORMED CONSENT FOR RELEASE FROM LIABILITY

INFORMED CONSENT FOR RELEASE OF RECORDS

I release Design by Fitness, LLC and _____ save them harmless from any liability as a result of my exercise. Any information obtained by testing, training, and/or questionnaire that I may voluntarily complete, will be treated as confidential and will not be released without my consent. The information, however, may be used for statistical, scientific, and/or investigational purposes with my rights or privacy retained.

I also give permission to Design by Fitness, LLC dba Be Fit JC (Ron Aigle) to release a copy of my pertinent current and future records to Dr. _____ .

I have read the above and have had my questions answered to my satisfaction. I give consent to proceed with the tests and procedures described herein, and will not hold Design by Fitness, LLC dba Be Fit JC (Ron Aigle) or its personnel responsible should any mentioned events or injuries result. I confirm that I am either over 18 years of age or that my parent or guardian has also agreed to these terms by signing in the space provided below.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

CLIENT SIGNATURE

TRAINER SIGNATURE

PRINT NAME

FOR OFFICE USE ONLY