

Erika Goldschen Fitness LLC Questionnaire

Name: _____ Email: _____

Age: _____ DOB _____ Phone #: _____

How did you hear about me? (Be Specific) _____

Can you think of anyone who would like to try personal training? Name and phone or email. If they become a regular client you get a free session. _____

PAR-Q – This must be filled out before you can begin.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. **Check YES or NO.**

YES / NO

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you are not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose Consciousness?
- 5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know any other reason why you should not do physical activity?

If you answered YES to any of these questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell you fitness or health professional. Ask weather you should change your physical activity plan.

(OVER - 2 Sided)

ACKNOWLEDGMENT OF RISK, WAIVER AND RELEASE OF CLAIMS RELEASE

IMPORTANT NOTICE!!

BEFORE SIGNING THIS ACKNOWLEDGMENT OF RISK, WAIVER AND RELEASE OF CLAIMS (THIS "AGREEMENT"), YOU MUST READ THIS AGREEMENT VERY CAREFULLY. IF AN ACCIDENT WERE TO OCCUR INVOLVING YOU (BY SIGNING THIS AGREEMENT) WOULD BE GIVING UP LEGAL RIGHTS THAT YOU MIGHT OTHERWISE HAVE. IF YOU DO NOT UNDERSTAND ANYTHING IN THIS AGREEMENT, OR IF YOU OBJECT TO ANY PROVISION CONTAINED IN THIS AGREEMENT, YOU SHOULD NOT SIGN IT AND SHOULD SEEK ADVICE FROM YOUR LEGAL COUNSEL.

I recognize and acknowledge that as a recipient of the personal training services provided by Erika Goldschen Fitness LLC d/b/a Better Body Bootcamp. I will periodically engage in strenuous physical activities involving the use of weight training and other exercise equipment such as, free weights, resistance bands, and TRX™ suspension straps, among other equipment, which activities entail the risk of serious physical and other injuries, including, but not limited to, broken bones, strains, sprains, bruises, concussions, heart attack, viral or other pathogen infection and, in some cases, permanent disability and even death. I also understand that severe social and economic loss might result not only from my own actions but also from the actions, inactions or negligence of others, or the condition of the premises or equipment used in connection with such activities. Nevertheless, I agree to assume the risk of any injury, damage, or loss regardless of severity that I may sustain as a result of the activities I engage in as a result of the personal training services provided by Erika Goldschen Fitness LLC.

Accordingly, **I agree to waive relinquish, discharge, release, and covenant not to sue Erika Goldschen Fitness, LLC and related entities, their members, owners, officers, directors, partners, employees, consultants, contractors, advisors, agents, insurers, attorneys, volunteers, and the owners and/or leaseholders of the building and/or land in which personal training services are provided, from any and all rights, claims of injury, demands, causes of action, damages, liabilities or loss that I, or other family member may have or that may accrue to me, or other family members arising out of, connected with, or in any way associated with the personal training services provided by the Company.** Notwithstanding the foregoing and any other provision of this Agreement, I do not waive any rights that I may have to seek redress due to the reckless or intentional conduct of any individual or entity.

I have considered that if this Agreement were not as broad as it is, the cost of the personal training services provided to me and/or my minor/ward by the Company would be considerably higher and I do not wish to pay a considerably higher cost. By signing this Agreement, I waive the right to bargain for different terms in this Agreement. I also understand that if I later learn that any fact that I believed to be true at the time I signed this Agreement is later found to be incorrect, I nevertheless am bound by this Agreement.

We will on occasion take video or pictures of the class. These may be used to promote the class on our website or other promo materials. We find this especially helpful for use on the website so potential members have a better understanding of how the class operates.

I have read this Agreement thoroughly and fully understand it. I enter into it voluntarily on behalf of myself, my spouse, my heirs, next of kin, assigns, personal representatives, related individuals and related entities. No one has made to me any representations, statements, or inducements that change or modify anything written in this Agreement.

PRINT Name(s) of Participant(s)

Signature of Participant

DATE: _____

(OVER - 2 sided)