



Congratulations! By participating in the "Get Started Program", you've taken one of the first steps in putting your health and well-being first. Answering the following questions will allow us to help you organize your thoughts about your lifestyle and overall health. Please complete the information as accurately and completely as possible. Your information will help your trainer provide you with the most beneficial plan to address your goals and challenges. All information on this Lifestyle Profile will be kept confidential.

For your 55-minute appointment, please bring this profile with you, wear comfortable athletic clothing and meet your personal trainer in the Fitness Center. Appointments are held in the Fitness Center. If you should need to cancel, a 24-hour notice is required to avoid a nominal \$15 cancellation fee.

We look forward to seeing you soon.

General Information

Name (Last) _____ (First) _____ (MI) _____

Home Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____ (Cell) _____

If we may contact you by e-mail, please provide your e-mail address: _____

Male Female Age _____ Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Overall Health



Has a doctor or health professional ever told you that you have any of the following conditions?

- Heart Disease**
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of physical activity
- Diabetes**

What is your current smoking status?

- I have never smoked or quit more than 6 months ago.
- I currently smoke or quit within the last 6 months.

Have you ever been diagnosed with cancer?

- Yes** No
- If so when & what kind?** _____

Are you pregnant? Yes** No

What are your biggest health concerns?

- Heart Health Weight Loss
- Other _____

Are you currently taking medications for any of the following:

- Blood Pressure
 - Cholesterol
 - Blood Sugar
 - Heart
 - Other Medication(s)
- Please list: _____

Do you have any of the following that could be made worse by a change in your physical activity?

- Back Pain
 - Bone, joint, tendon, or muscular pain
 - Lung disease (asthma**, emphysema, or shortness of breath)
- Please explain: _____

Physical Activity Readiness

- Yes** No **Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**
- Yes** No **Do you feel pain in your chest when you do physical activity?**
- Yes** No **In the past month, have you had chest pain when you were not doing physical activity?**
- Yes** No **Do you lose your balance because of dizziness or do you ever lose consciousness?**
- Yes* No **Do you know of any other reason why you should not do physical activity?**

Fitness

How many times per week do you exercise?

- 0 1 2 3 4 5 6 7

Please explain the type of exercise or activities you regularly participate in.

Cardiovascular: _____

Strength training: _____

Flexibility/Stretching: _____

What would you like to change the most? (check all that apply)

- Energy/Stamina Flexibility Appearance Well being Stress Level Other _____



Informed Consent for Exercise Participation

Exercise Participation. I desire to engage voluntarily in an exercise program with a Personal Trainer in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on my cardiorespiratory and musculoskeletal systems and to thereby attempt to improve their function.

Risks and Discomfort from Exercising. During cardiovascular exercise including cardiovascular testing, certain changes may occur. These changes include abnormal blood pressure responses, fainting, irregularities in heartbeat, and heart attack. Every effort is made to minimize these occurrences. During muscle fitness and flexibility testing, as well as strength training and stretching, there is a slight possibility of straining a muscle or spraining a ligament. In addition, muscle soreness may also be experienced 24 to 48 hours after testing. Appropriate stretching exercises will be demonstrated to alleviate muscle soreness should it occur.

Freedom of Consent. I have read this form carefully and I fully understand the test procedures. I consent to participate in these tests and/or the exercise program. (Permission to perform these fitness tests is voluntary. You are free to deny consent if you so desire.)

WAIVER AND RELEASE OF LIABILITY (Read carefully before signing!)

- I am aware that PRO Sports Club personal trainers are not medical doctors and are not qualified to determine a participant's physical capability to engage in strenuous exercise.
- The information given on this medical history questionnaire is correct to the best of my knowledge. I understand that absence of the physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in PRO Sports Club activities.
- Medical clearance from my physician may be required prior to participation in the exercise program. I agree to allow PRO Sports Club to consult my physician and obtain written permission as needed. If my condition or medication changes, I will inform my trainer.

(READ CAREFULLY BEFORE SIGNING!) I AGREE THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL APPLY TO EACH VISIT I MAKE TO PRO SPORTS CLUB, INCLUDING FUTURE VISITS, REGARDLESS OF ANY DATE OF ISSUANCE OR EXPIRATION DATE ON THE GUEST OR PERMANENT MEMBERSHIP CARD, AND REGARDLESS OF THE DATE THAT THIS FORM IS SIGNED BELOW. I UNDERSTAND AND ACKNOWLEDGE THERE IS RISK INVOLVED IN BEING IN AND AROUND PRO SPORTS CLUB'S FACILITIES, INCLUDING, BUT NOT LIMITED TO, UTILIZING EQUIPMENT OR PARTICIPATING IN ANY EXERCISE OR FITNESS ACTIVITY. IN CONSIDERATION FOR BEING ALLOWED TO UTILIZE PRO SPORTS CLUB'S FACILITIES, I AGREE I WILL ASSUME THE RISK AND FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, LOSSES, DEATH, COSTS, OR OTHER DAMAGES, THAT MIGHT OCCUR TO ME AND/OR TO MY FAMILY WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY, AND TO THE MAXIMUM EXTENT ALLOWED BY LAW, I AGREE TO WAIVE AND RELEASE ANY AND ALL CLAIMS, SUITS, OR RELATED CAUSES OF ACTION AGAINST PROFESSIONAL RECREATION ORGANIZATION, INC., ITS OWNERS, OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY PRO SPORTS CLUB), FOR NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY. I FURTHER AGREE I WILL INDEMNIFY, DEFEND AND HOLD PRO SPORTS CLUB HARMLESS, TO THE MAXIMUM EXTENT ALLOWED BY LAW, FROM NEGLIGENCE, INJURY, LOSS, DEATH, COSTS, OR OTHER DAMAGES TO ME, MY HEIRS OR ASSIGNS, OR THIRD PARTIES FOR CLAIMS, SUITS, OR RELATED CAUSES OF ACTION ASSERTED AGAINST PRO SPORTS CLUB ARISING FROM MY CONDUCT AND/OR MY FAMILY'S CONDUCT WHILE ON THE PREMISES OF PRO SPORTS CLUB OR PARTICIPATING IN ANY OFF-SITE PRO SPORTS CLUB PROGRAM OR ACTIVITY AND THIS WAIVER AND RELEASE SHALL BIND THE MEMBERS OF MY FAMILY AND MY SPOUSE OR REGISTERED DOMESTIC PARTNER, IF I AM ALIVE, AS WELL AS MY ESTATE, FAMILY, HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES OR ASSIGNS IF I AM DECEASED, AND SHALL BE DEEMED AS A "RELEASE, WAIVER, DISCHARGE AND COVENANT" NOT TO SUE PRO SPORTS CLUB. I FURTHER AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD PRO SPORTS CLUB HARMLESS FROM ANY LIABILITY WHATSOEVER FOR FUTURE CLAIMS PRESENTED BY MY CHILDREN OR ANY OTHER MINOR CHILDREN AND/OR THEIR PARENTS, WHOSE VISIT TO PRO SPORTS CLUB IS SPONSORED BY ME, FOR ANY INJURIES, LOSSES OR DAMAGES TO THEMSELVES OR ANY FAMILY MEMBER OR REGISTERED DOMESTIC PARTNER. IF ANY TERM OF THIS WAIVER AND RELEASE SHALL BE FOUND ILLEGAL, UNENFORCEABLE OR IN CONFLICT WITH ANY APPLICABLE LAW, THE VALIDITY OF THE REMAINING PORTIONS SHALL NOT BE AFFECTED THEREBY.

I have read this waiver and release of liability. _____ Initials

CANCELATION POLICY

- A 24-hour notice is required to avoid a full session charge for all personal training sessions. Rates may increase periodically. Packages and periodic promotions do expire. I agree to pay for all scheduled personal training services charged to my PRO Sports Club account. I understand and agree to these terms. _____ Initials

BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Print Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____

(if under 18 years, parent or guardian signature required)

Witness _____ Signature _____ Date _____

(PRO Sports Club staff, please print)

FOR MEDICAL USE ONLY Risk Stratification:

- Low Risk: Asymptomatic 0-1 risk factors
- *Moderate Risk: Asymptomatic 2+ risk factors. Medical clearance recommended for exercise.

I understand I am advised to get medical clearance before engaging in exercise. _____ Initials

- **High Risk: 1 + major sign or symptom, or known disease - cardiac disease, peripheral vascular disease, COPD, asthma, interstitial lung disease, cystic fibrosis, diabetes type I or II, thyroid disorders, renal or liver disease. Medical clearance required for supervised exercise.

I understand to engage in supervised sessions with a PRO Sports Club personal trainer that I first need medical clearance. _____ Initials