



# Personal and Small groups Personal Training

## PROGRAM REGISTRATION

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Commencement Date: ..... Weekly number of training sessions .....

### PERSONAL DETAILS:

Name: ..... D.O.B: ..... Sex M/F .....

Address: ..... P/C .....

Phone: ..... Email: .....

Profession: ..... Height: .....

Emergency Contact: ..... Phone: .....

Doctors Name/ Midwife: ..... Phone: .....

### LIFESTYLE AND EXERCISE QUESTIONNAIRE

**Exercise History:** (Circle the most correct)

Do you currently engage in exercise?	Yes	No	
If yes, how many sessions per week?	1-3	3-5	>5
How long on average are the sessions?	<30min	>30min	>1hr

§ What activities (if any) do you currently engage in?

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.....  
.....

§ How would you rate your activity at work? (circle one)

Largely inactive (desk job)

Lightly active (Teacher, housework)

Heavily active (brick layer)

§ Do you have any previous background with sport or activities? Yes No  
Explain.....

§ Do you have any concerns / queries regarding commencing a new exercise program? Yes No  
Explain .....

§ Listed below are several goals that can be achieved with regular exercise.  
How important are they to you? (From a score of ten. 1 = Very important 10 = Least important)

- Feel healthier (all round fitness).....
- Improve strength.....
- Improve muscle size.....
- Improve muscle tone.....
- Improve aerobic capacity.....
- Reduce fat mass.....
- Improve flexibility .....
- Improve core stability.....
- Improve ability at sport.....
- Improve ability to cope with stress.....
- Improve social life.....

§ What type of exercise interests you? (Circle one or a few)

- |          |         |
|----------|---------|
| Walking  | Running |
| Swimming | Cycling |
| Circuits | Weights |
| Aerobics | Other:  |

§ Do you have any other comments/ suggestions regarding the development of your exercise program?  
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**PRE- EXERCISE SCREENING QUESTIONNAIRE**

**Known Diseases or Injuries**

- |   |    |     |
|---|----|-----|
| 1. Are you taking medication?<br>Please specify .....                           | No | Yes |
| 2. Do you currently have an injury or suffer from pain?<br>Please specify ..... | No | Yes |
| 3. Have you had a stroke, heart attack or other heart related problems?         | No | Yes |

Please specify .....

4. Have you had problems with dizziness or fainting? No Yes

5. Do you often have pains in your heart and chest, especially with exercise? No Yes

6. Do you experience shortness of breath, perhaps during light exercise? No Yes

7. Do you have Diabetes? No IDDM NIDDM

Please specify .....

8. Do you suffer from a degenerative disease (osteoarthritis, osteoporosis)? No Yes

9. Do you have a liver or kidney disease? No Yes

10. Are you Pregnant? No Yes

11. Do you suffer from asthma attacks? No Yes

12. Do you experience swelling or accumulation of fluid around the ankles? No Yes

13. Have you had surgery in the last year? No Yes

Please specify .....

14. Do you have any primary health concerns before you start the exercise program?

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.....  
.....

**Cardiac Risk Factors**

15. Do you smoke? No Yes

If yes, how many do you smoke each day on average? .....

If no, have you quit in the last two years? No Yes

16. Do you have a close relative (i.e. father, mother, brother or sister) who has had a heart attack, stroke or cardiovascular disease under the age of 60? No Yes

If yes, what relation was this person (e.g. Father, sister) .....

17. Do you have high blood pressure? No Yes

18. Do you characterise your lifestyle as being sedentary? No Yes

**If you have answered YES to two or more of the above cardiac risk factors, then you must see a doctor for a medical clearance before starting the exercise program.**

19. Do you know your Blood Pressure? ...../..... No Yes

20. Do you know your cholesterol levels? ..... No Yes

**Please circle all that apply:**

Dizziness or fainting Back pain

Chest pain Arthritis

Shortness of breath Knee or other joint pain

High blood pressure

Shin splints

Coronary heart disease

Muscle pain

Any known heart problems

Hernia

Stroke

Asthma, emphysema, bronchitis

Heart murmur

Liver or kidney problems

Raised cholesterol

Glandular fever

Stomach ulcers

Gout

Rheumatic fever

Epilepsy

If you answered YES to any of the above please provide details:

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Has a doctor imposed any activity restrictions? If so, please describe:

.....  
.....

Please indicate any other medical conditions or activity restrictions that you may have. It is important that this information be as accurate and complete as possible.

.....  
.....

I have answered all questions honestly and completely to the best of my ability.

Signature .....Date.....



## Personal Training Terms and Conditions

**IMPORTANT- This document will affect your legal rights, READ IT CAREFULLY**

### **PERSONAL DETAILS:**

Name: ..... Age: ..... Sex M/F .....

Address: ..... P/C .....

Mobile: ..... Email: .....

Emergency Contact 1: ..... Contact 2: .....

Is the participant taking any medication?

.....

### **REFER A FRIEND**

Is there someone you'd like to share the 'Rise' experience with?

Name: ..... Phone: .....

Program Interest (circle): Outdoor Fitness Pram Pushers Rising Bellies Personal Training

### **Acknowledgement of Risks, Injury and Obligations**

I acknowledge that the activities I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I acknowledge and understand that whilst participating in such activities;

- § I may be injured, physically or mentally, or may die;
- § My personal property may be lost, damaged or stolen;
- § Other people participating in such activity may cause me injury or may damage my property;
- § I may cause injury to other persons or damage their property;
- § The conditions in which the activity is conducted may vary without warning;
- § I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Rise Fitness;
- § There may be no or inadequate facilities for treatment or transport of me if I am injured;
- § I am aware that Rise Fitness staff or contractors are not medical practitioners and that they cannot provide advice as medical practitioners;
- § I am aware that I should seek medical advice from a medical practitioner before participating in the activity;
- § I am aware that certain medical problems may arise if I undertake and participate in the activities without advice from a medical practitioner beforehand;

- § I acknowledge that I may suffer injury whilst merely observing or being in proximity to the sight where the activities are being carried out;
- § I agree that I will abide by the rules and follow instructions when participating in the various activities on the site of Rise Fitness and as instructed offsite;
- § I agree to indemnify Rise Fitness against and save it harmless from any and all damages, actions, claims, judgments, cost of litigation, damage to the equipment of Rise Fitness and the owners property;
- § I agree that this agreement shall apply to my participation in any and all Rise Fitness activities and programs, including, early riser, late riser, fit rise, pram pushers™, Rising Bellies, Saturday circuit and personal training sessions and activities directed by any representative of Rise Fitness. This agreement shall apply to all future visits to Rise Fitness.

**Release and Indemnity**

In consideration of Rise Fitness permitting me to participate in activities, I agree to release and indemnify Rise Fitness as follows;

- § I participate in the activity at my sole risk and responsibility;
- § I release, indemnify and hold harmless Rise Fitness, it's servants, agents, from and against all and any actions or claims which may be made by me or on behalf or by other parties for or in respect of or rising out of injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in anyway whatsoever.

I also agree that in the event that I am injured or suffer damage, I will bring no claim, legal or otherwise against Rise Fitness in respect of that injury or damage.

**BY SIGNING THIS AGREEMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**Payment and Cancellation Policy**

All Payments are non- refundable. Full payment of the programs must be made before or on the first day of your program. This includes the initial assessment fee of \$30.00.

Payments can be made by cash or cheque. Cheques should be made out to **Rise Fitness**.

**Please put your payment in an envelope with your name and program on it.**

**Conditions for Personal Training:**

- § **TWO** hour cancellation notice must be given by either phone or text, otherwise half session will be charged.

**Conditions for all Programs:**

- § One off program fee of \$30 applies to all Rise Fitness programs. It includes periodic fitness testing, Rise Fitness water bottle and fitness cap.
- § No casual sessions for any classes, except Personal Training.

**( ) I have read and understood the terms of payment and cancellation policy and agree to its conditions.**

**YOU SHOULD NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT AND UNDERSTAND ITS TERMS AND CONDITIONS.**

**By signing this waiver, assumption of risk, terms and conditions and release, I acknowledge its contents and agree to be bound by its terms and conditions. I agree to the terms of release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I agree that my participation in any or all activities is covered by insurance to cover any injury or damages to myself or others. I have signed this document freely and voluntarily without any inducement.**

Participants Signature ..... Date Signed .....

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**YOU SHOULD NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT AND UNDERSTAND ITS TERMS AND CONDITIONS. BY SIGNING THIS AGREEMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**Participants under the age of 18** at the time of registration must also have a parent or legal guardian sign below. This is to certify that I, as parent/ guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above.

I release and indemnify Rise fitness from any and all claims, actions, demands and liabilities arising from my minor child's participation in the selected activities. I agree to all the terms and conditions above.

Parent/guardian Signature..... Date Signed.....

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