**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_**

(What is the best way to reach the client? Personal trainer provides the same information.)

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 physician before they start becoming more physically active. **Please complete this form as accurately and completely as possible.**

**Please mark YES or No to the following: YES NO**

Has your doctor ever said that you have a heart condition and recommended only medically

supervised physical activity? \_\_\_\_\_ \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_ \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_ \_\_\_\_\_

Have you had a stroke? \_\_\_\_\_ \_\_\_\_\_

Do you lose your balance due to 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)? \_\_\_\_\_ \_\_\_\_\_

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_\_ \_\_\_\_\_

Do you have asthma or exercise induced asthma? \_\_\_\_\_ \_\_\_\_\_

Do you have low blood sugar levels (hypoglycemia)? \_\_\_\_\_\_ \_\_\_\_\_

Do you have diabetes? \_\_\_\_\_\_ \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_ \_\_\_\_\_

Have you had COVID? \_\_\_\_\_ \_\_\_\_\_

Are you between the ages of 18 and 69? \_\_\_\_\_ \_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

**Please note: If your health changes such that you could then answer YES to any of the above questions, tell your personal trainer. Ask whether you should change your physical activity plan.**

**I have read, understood, and completed the questionnaire. Any questions I had were answered to my full satisfaction.**

**Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_want to participate in the Personal Training Program at Carnegie Mellon University. I understand that training activities are physically strenuous and that there are hazards and risks, as well as benefits, associated with participation in the session. I voluntarily assume all the hazards and risks. In consideration of the benefits, I, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue Carnegie Mellon University (“Carnegie Mellon”) and those acting on its behalf, from/for any and all liabilities, losses, injuries, damages, claims, demands, actions and/or causes of action arising from or connected with my participation in the Personal Training Program, including but not limited to, transportation and the securing of medical treatment. I give Carnegie Mellon permission to provide/secure medical treatment for me in a situation requiring medical treatment in Carnegie Mellon’s judgment.

The laws of the Commonwealth of Pennsylvania shall apply to this release. If any of the provisions in this release are declared illegal, unenforceable, or ineffective, such provisions shall be deemed severable, and all other provisions contained in this release shall remain valid and binding. I sign this release with the intent to be legally bound by it. I am an adult (18 years of age or older), competent to sign this release. I am signing this release voluntarily. I have read this release and I understand its contents.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carnegie Mellon University Personal Training Policies**

The introductory package includes two visits. The first visit will last 45 min and will consist of signing the recommended documents and setting your goals. This visit will also include a brief introduction to the fitness equipment. The second visit the personal trainer will give you your exercise prescription and show you how to use the equipment to make sure you are doing the exercises correctly. It is recommended that you exercise @ least 3 times a week to achieve your desired results. The number of sessions you have with the personal trainer will be up to you. Research has shown that it takes 6 weeks to develop a habit. We hope you will always make healthy decisions and be fit for life. I understand by signing this policy that my training will take place @ Carnegie Mellon University with one of the personal trainers.

**My session will start on (date/day/time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** with **Personal Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_.**

The first missed session without 24 hrs notice will be rescheduled.

The second missed session without 24 hrs notice will result in a loss of a purchased session\*.

Goals:

1)

2)

3)

4)

**Initial:\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Sessions are non-refundable and non-transferable**