



PERSONAL TRAINING AGREEMENT

Date \_\_\_\_\_  
Client Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Number of Sessions Purchased \_\_\_\_\_ Total \_\_\_\_\_ Sessions/Week for \_\_\_\_\_ Weeks  
Estimated Completion Date \_\_\_\_\_ Amount Paid \_\_\_\_\_

TERMS OF AGREEMENT

1. All sessions begin exactly at their scheduled time. Client tardiness will be deducted from session time. Personal Trainer tardiness will be added to the training session.
2. If unable to attend your scheduled workout, you must notify your personal trainer at least 24 hours in advance of the scheduled workout. The session may be rescheduled for an alternate date and time agreeable to both client and trainer and consistent with the established pattern of workout times.
3. If you fail to give 24 hour notice of non attendance to your personal trainer, you will forfeit your paid session.
4. If your personal trainer is unable to attend your scheduled session, you will be given 24 hour advanced notice. If your trainer fails to do so, your session will be rescheduled and you will receive an additional session free of charge.
5. All sessions must be scheduled and used within the estimated completion date. Rescheduled sessions may not extend 15 days past the estimated completion date. Any sessions not used or rescheduled within this time period will be forfeited.
6. Training Sessions are non refundable. HCA reserves the right to reassign unused sessions with another HCA trainer in order to complete any and all paid sessions within scheduled completion date established.
7. Non member clients will abide by all HCA rules and regulations. Non member clients will have access to the club machines, free weights, and cardio area only during training sessions and must be with a trainer at all times on the workout floor. A guest fee may be paid to allow full use of the facility to include Toyland childcare and/or aerobic classes. If childcare is required during a training session, a fee of \$3.00 per child for the first child and \$2.00 for each additional child will be charged and paid prior to training session.

I have read, understood, and accept the above agreement:

Personal Training Client \_\_\_\_\_

Date \_\_\_\_\_

Personal Trainer \_\_\_\_\_

Date \_\_\_\_\_



PERSONAL TRAINING AGREEMENT

Date

Client Name

Home Phone

Address

Work Phone

Number of Sessions Purchased\_

Amount Paid

Sessions/Weeks

TERMS OF AGREEMENT

- 1. All sessions begin exactly at their scheduled time. Client tardiness will be deducted from session time. Personal Trainer tardiness will be added to the training session.

If unable to attend your scheduled workout, you must notify your personal trainer at least 24 hours in advance of the scheduled workout. The session may be rescheduled for an alternate date and time agreeable to both client and trainer and consistent with the established pattern of workout times.

- 2. If you fail to give 24 hour notice of non-attendance to your personal trainer, you will forfeit your paid session.

- 3. If your personal trainer is unable to attend your scheduled session, you will be given 24-hour advanced notice. If your trainer fails to do so, your session will be rescheduled and you will receive an additional session free of charge.

- 4. All sessions must be scheduled and used within the estimated completion date. Rescheduled sessions may not extend 15 days past the estimated completion date. Any sessions not used or rescheduled within this time period will be forfeited.

- 5. Training Sessions are nonrefundable. ZHC reserves the right to reassign unused sessions with another ZHC trainer in order to complete any and all paid sessions within scheduled completion date established.

- 6. Non-member clients will abide by all ZHC rules and regulations. Non-member clients will have access to the club machines, free weights, and cardio area only during training sessions and must be with a trainer at all times on the workout floor. A guest fee may be paid to allow full use of the facility to include Toyland childcare and/or aerobic classes. If childcare is required during a training session, a fee of \$3.00 per child for the first child and \$2.00 for each additional child will be charged and paid prior to training session.

I have read, understood, and accept the above agreement: Signature \_\_\_\_\_ Date \_\_\_\_\_



## AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of ZHC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge ZHC and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of ZHC or the use of equipment at ZHC.

2. I also understand that fitness activities may involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of ZHC or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the recommendation of a physician's approval for my participation in an exercise/fitness activity and/or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to the physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of the equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Date \_\_\_\_\_ Signature

Print Name \_\_\_\_\_

## HEALTH HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with ZHC, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have a heart condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever experienced a stroke?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have epilepsy?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you pregnant?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have diabetes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have emphysema?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you feel pain in your chest when you engage in physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have chronic bronchitis?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Has a physician ever told you or are you aware that you have high blood pressure?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 14 Has a physician ever told you or are you aware that you have a high cholesterol level?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 Do you currently smoke?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 Are you a male over 44 years of age?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 Are you a female over 54 years of age?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Are you currently exercising <i>LESS</i> than 1 hour per week? If you answered no, please list your activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 Are you currently taking any medication? Please list any medication and its purpose.                            |

- Control blood pressure
- Stop smoking
- Improve productivity
- Feel better overall
- Other (Please be specific)

- Control cholesterol
- Achieve balance in life
- Reduce back pain
- Increase my health awareness

(Indicate all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Increase strength and endurance | <input type="checkbox"/> Improve flexibility   |
| <input type="checkbox"/> Improve cardiovascular fitness  | <input type="checkbox"/> Improve muscle tone   |
| <input type="checkbox"/> Reduce body fat                 | <input type="checkbox"/> Increase muscle mass  |
| <input type="checkbox"/> Exercise regularly              | <input type="checkbox"/> Injury Rehabilitation |
| <input type="checkbox"/> Sports conditioning             | <input type="checkbox"/> Other _____           |

What are your specific health goals at ZHC? (Indicate all that apply)

What motivated you to join ZHC (Indicate all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Convenience/location                      | <input type="checkbox"/> Membership promotion |
| <input type="checkbox"/> Attended a health promotion event at work | <input type="checkbox"/> Peer support         |
| <input type="checkbox"/> Medical reasons                           | <input type="checkbox"/> Corporate membership |
| <input type="checkbox"/> Tried ZHC as a guest                      | <input type="checkbox"/> Medical reasons      |
| <input type="checkbox"/> Other _____                               |   |

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### Staff Use Only

Cleared to exercise \_\_\_\_\_ Not cleared to exercise \_\_\_\_\_

Reason \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Resting Heart Rate EP

Resting Blood Pressure