



Private Strength Training

1020 Gravenstein Avenue, Suite 110
Sebastopol, CA 95472
fitsebastopol.com

HEALTH QUESTIONNAIRE

Name _____ Date of Birth _____

Address _____

Phone (home) _____ (cell) _____

Email _____ Occupation _____

Who should we contact in case of emergency?

Name _____ Relationship _____ Phone _____

Have you been fully vaccinated against COVID-19? Yes No

Do you have heart problems? If yes, please explain:

Do you have high or low blood pressure?

Do you have diabetes, osteoporosis, or arthritis? If yes, please explain:

Do you get frequent headaches?

Have you ever experienced dizziness or fainting spells? If yes, please explain:



Do you have lower back pain, tension, or fatigue?

Do you have any joint pain? If so, where?

Have you had any major surgeries? If yes, please explain:

Are you pregnant?

Do you take prescription medication? If yes, please list:

Do you have muscle problems or concerns that should be considered prior to beginning an exercise program?

Are you currently involved in an exercise program? If yes, what?

If any, what types of exercise programs have you tried in the past?

Do you have any goals you would like to achieve throughout this exercise program?

Is there anything else you want to add that you feel your trainer should know?

Client signature _____ Date _____



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RELEASE OF LIABILITY

I, the undersigned, am employing FIT for the purpose of massage and exercise therapy. In consideration of this agreement I hereby release FIT, their agents and employees, and agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to persons or property, irrespective of how arising and however caused, including but not limited to all kinds and degrees of negligence with which FIT, their agents, or employees being charged in connection directly with these activities.

I further agree to disclose in writing all my physical and medical conditions, limitations and sensitivities, and agree to release FIT, their agents and employees harmless from any liability, claims, demands, injuries, damages, actions or causes of action in any way relating to or arising from said conditions, limitations or sensitivities. I expressly agree that all instruction, therapy or any use of all facilities and equipment will be undertaken at my risk. I represent that I am physically and medically able to undertake any and all activities provided.

I further agree that FIT, their agents and employees shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of or connected with the use of any services, facilities or equipment. I hereby expressly forever release and discharge FIT, their agents and employees from all such claims, demands, injuries, damages, actions or causes of action from all active or passive negligence on the part of FIT, their agents or employees.

The staff at FIT make every effort to be on time and available for your appointment. We would appreciate a **48-hour notice on all cancellations** and reserve the right to charge in full for all missed appointments. We request that all notifications for missed appointments, for any reason, to be done via text or email. This eliminates the risk of miscommunication and gives both trainer and client something to refer to.

PLEASE NOTE: *If you need to take an extended absence for any reason, we will hold your spot for two consecutive weeks. If you plan to be gone longer than two weeks and want to keep your designated workout time, we will charge for any missed appointments after those two weeks.*

Name (print) _____ Date _____

Signature _____ Parent/Guardian _____