



Physical Activity Readiness Questionnaire (PAR-Q)

Name:

Phone #:

Fax #:

| <u>Physician's Contact Information</u> | |
|---|--|
| Name: | |
| Phone #: | |
| Fax #: | |

- YES NO 1. Has your doctor ever said you have a heart condition?
- YES NO 2. Do you experience chest pain when exercising?
- YES NO 3. Do you experience chest pain when not exercising?
- YES NO 4. Do you ever lose your balance from dizziness or lose consciousness?
- YES NO 5. Has your doctor ever said you had/have high blood pressure?
- YES NO 6. Do you have a bone or joint problem that could be made worse by engaging in physical exercise?
- YES NO 7. Have you ever experienced a stroke?
- YES NO 8. Are you pregnant?
- YES NO 9. Are you 65 years of age or older and not accustomed to vigorous exercise?
- YES NO 10. Are you currently taking medication(s) for heart condition(s), blood pressure, or any other condition or disease that could be affected by vigorous physical activity?
- YES NO 11. Are there any other reasons you know of, through your doctor's advice, or your own experience, that you should not engage in Personal Training or any other exercise or dietary program?

Assumption of Responsibility, Risk and Release of Liability

I understand that I must provide my Personal Trainer with 24 hours notice in the event of cancellation or I may be charged for the session.

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in a Personal Training Program. I realize that my participation in this program involves risk of injury, including but not limited to damaged muscles, broken bones, damaged ligaments and tendons, heart attack, stroke, miscarriage or breached pregnancy and even the possibility of death to myself. I also recognize that there are many other risks of injury, including serious and disabling injuries, that may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury, and even risk of death, which could occur by reason of my participation.

The Personal Training Program has been explained to me thoroughly and I have had the opportunity to ask questions regarding the program. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

If you agree to these terms, indicate by signing here: _____ **Date:** _____

Fitness Professional's Signature: _____ **Date:** _____



PERSONAL TRAINING ASSESSMENT LOG

Client's Name: _____

Age: _____

PRELIMINARY ASSESSMENT DATA

| | | | | | |
|------------------------------|--|--|--|--|--|
| DATE | | | | | |
| Resting Blood Pressure | | | | | |
| Resting Heart Rate | | | | | |
| Target Heart Rate 65%-85% | | | | | |
| VO2 MAX | | | | | |
| Sit & Reach | | | | | |
| Bicep Strength | | | | | |

LANGE CALIPER SKINFOLD MEASUREMENTS

| | | | | | |
|-------------|--|--|--|--|--|
| DATE | | | | | |
| Abdominal | | | | | |
| Bicep | | | | | |
| Chest | | | | | |
| Midaxillary | | | | | |
| Subscapular | | | | | |
| Suprailiac | | | | | |
| Triceps | | | | | |
| Calf | | | | | |
| Thigh | | | | | |
| TOTAL | | | | | |
| BODY FAT % | | | | | |

GIRTH MEASUREMENTS IN INCHES

| MEASUREMENT SITES | | | | | |
|-------------------|--|--|--|--|--|
| DATE | | | | | |
| Neck | | | | | |
| Chest | | | | | |
| Abdominal | | | | | |
| Hips | | | | | |
| R. Thigh | | | | | |
| R. Calf | | | | | |
| R. Bicep | | | | | |



Personal Training Program Notes

Client's Name: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____
