

Dynamic Fit Group Training

Policies and Liability Release

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Dynamic Fit brings an uplifting and challenging aspect to the fitness community. Power packed strength, agility, and endurance exercise program that provides an exuberating and energetic environment for individuals of all fitness levels to train. Please read the following policies and liability statements.

Dynamic Fit Exercise program:

- All forms must be filled out and signed prior to the start of the first session. Please bring all forms with you on the first day.
- Attire: Wear comfortable tennis shoes. No flip flops allowed. Appropriate workout attire is needed. You must bring a water bottle with you to every session in order to maintain hydration. If possible please bring an exercise mat.
- Training sessions will begin promptly at the time specified. Payment must be made prior to participating in exercise program. Your membership is not guaranteed until payment is received. Cash or Check payments may be accepted.
- Reimbursement or credits: Dynamic Fit, Scott Anderson, does not offer refunds or credits, so please be sure that our services will match your needs before committing through payment. If any medical conditions or injury becomes present during the session it is up to the discretion of the Dynamic Fit to reimburse, on a prorated amount, any unused training days. If in the event a class must be canceled, you will be given sufficient notice.
- Injury: You are fully responsible for any injury you incur before, during, or after workouts. The trainer will not be held accountable in any manner, legal or otherwise. Any injury incurred before, during, or after workout sessions is solely the responsibility of the client. Focusing during your workout and following directions will help prevent any injury. It's the client's responsibility to communicate any symptoms or discomfort during the session.
- No verbal agreement can alter or change the conditions of this agreement in any part.

Release, Covenant Not to Sue, and Waiver

I, \_\_\_\_\_, do hereby consent to participate in the Dynamic Fit exercise program that will include strength, resistance, agility, endurance /or cardiovascular exercise. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks. Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the training program I will discuss these questions with Scott Anderson.

In addition, I agree to the following:

- a) Assume all risk of injury and all risk of damage to or loss of property arising out of my participation in this program.
- b) Release, discharge, and waive any and all responsibility from Dynamic Fit, Scott Anderson, and those individuals affiliated as trainers or staff of the camp from and against any liability of injury, including death, and for damage to or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program.
- c) Indemnify and hold Dynamic Fit, Scott Anderson, and those individuals affiliated such as trainers or staff from and against all liability, claims, demands, actions, loss, and damage arising out of my participation in said group training program.

By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature of Parent/Guardian – one signature required if participant is 18 years old or younger:

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Data Collection Sheet

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? Yes or No
2. Do you feel pain in your chest when you perform physical activity? Yes or No
3. In the past month, have you had chest pain when you were not performing any physical activity? Yes or No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes or No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes or No
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Yes or No
7. Do you know of any other reason why you should not engage in physical activity? Yes or No

If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Lifestyle Information Form

### Physical activity:

In the past year, how often have you been engaged in physical activity?

- Regularly (3 to 4 times/week)
- Semi regular (1 to 2 times/week)
- Sporadic (1 to 2 times/month)
- None

What type of physical activity do you consider “fun”?

What are your personal barriers to exercise?

What physical activity have you been successful with in the past?

### Support

Do you feel any family, friends, or co-workers have negative feelings toward your efforts at physical activity?

Is your significant other or close friend involved in any regular physical activity?

### Occupation/Leisure

What is your present occupation?

Does your occupation require much activity?

What are your usual leisure activities?

### Stressors

What types of things make you feel stressed?

How do you deal with your stress normally?

### Dietary Patterns

How many meals and/or snacks do you have per day?

What would you estimate your caloric intake to be per day?

Do you feel you eat healthy “most of the time”?

How much water do you drink a day?

Expectations

Specifically describe what you would like to accomplish through your fitness program during the next:

1 month:

6 months:

1 year:

Exercise History and Attitude Questionnaire

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very high)

Years old: 15-20 21-30 31-40 41-50 51-60 60+

2. Where you a high school and/or college athlete?

\_ YES \_ NO - If yes, please specify:

3. Do you have any negative feeling toward, or have you had any bad experiences with physical activity programs?

\_ YES \_ NO - If yes, please explain:

4. Do you have any negative feelings toward, or have you had any bad experiences with fitness testing and evaluation?

\_ YES \_ NO - If yes, please explain:

5. Rate yourself on a scale 1 to 5 (5 indicating very high). Circle the number that best applies.

Characterize your present athletic ability:

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present muscular capacity:

1 2 3 4 5

Characterize your present flexibility capacity:

1 2 3 4 5

Characterize your present aerobic capacity:

1 2 3 4 5

6. Do you start exercise programs but then find yourself unable to stick with them?

\_ YES \_ NO - If yes, please explain:

7. Are you currently involved in regular endurance (cardiovascular) exercise?

\_ YES \_ NO - If yes, please explain type of exercise:

\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

8. How long have you been exercising regularly?

\_\_\_\_\_ months \_\_\_\_\_ years

9. What other exercises, sport or recreational activities have you participated in?

In the past 6 months?

In the past 2 years?