

TW FITNESS + HEALTH CLIENT CONSENT FORM

I _____ (Client Name) understand that the fitness/exercise training provided by _____ (Trainer Name) is intended to enhance my health, physical & mental wellbeing and any other intended purposes are as specified: _____

The general benefits of fitness/exercise training and possible injuries or contraindications have been explained to me. I understand that this is not a substitute for medical treatment or medications, and that it is recommended that I seek my Primary Care Physician for any condition(s) that I may have currently or will have in the future. I am aware that the trainer does not diagnose illness disease, prescribe medications, and only advises on injury care and prevention to enhance my workout recovery. _____ (initial)

I have informed the trainer of all my known physical conditions, medical conditions and medications, and I will update on any changes to my health that may occur in the future.

I understand that neither Trinity Wellness & Bodywork LLC nor _____ (Trainer Name) is responsible for the aggravation of any conditions that were present but not disclosed at the time or any that may follow.

Physical Activity Readiness Questionnaire (PAR-Q)

- 1) Has your doctor stated that you have a heart condition and should not perform any physical activity unless recommended by a doctor? Y or N
- 2) Do you feel pain in your chest when you perform physical activity? Y or N
- 3) In the past month, have you had chest pain when you were not performing any physical activity? Y or N
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness? Y or N
- 5) Do you have a bone or joint problem that could be aggravated with change in your physical activity? Y or N
- 6) Are you currently taking any medication for blood pressure, cholesterol or heart condition? Y or N
- 7) Do you know of any other reason why you should not engage in physical activity? Y or N

If you have answered YES to any of the above questions, please consult your physician before engaging in any physical activity. A physician release form may also be required.

Client Signature

Date

Trainer Signature

Date