

## INNERZEN PERSONAL TRAINING CANCELLATION POLICY

We are thankful for the opportunity to help you achieve your wellness goals. Your personal trainer is a professional service provider whose success depends on a consistent schedule of appointments. The following cancellation policy is enforced:

**Cancellations:** Any session canceled with less than 24 hour notice will be charged at the rate of a full session.

If you have a personal or family emergency, as much as possible will be greatly appreciated.

**Lateness:** If you are running late, please give your trainer a courtesy call/text. If you are 20 minutes late and your trainer has not received a call from you, you will be considered a "no show" and will be held responsible for the missed session.

**Prepaid sessions** must be used within three months of purchase.

The information obtained from this form will be used to assist in determining your health/physical condition in regarding your readiness for participation in a regular exercise program. It is important that each question be answered as completely and accurately as possible. All information recorded will be kept confidential.

The coronary heart disease risk factors have been assessed thoroughly according to the American College of Sports Medicine guidelines. Approval by a trainer is required prior to using the facility.

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL HISTORY

Do you have any present medical or physical conditions which may limit your ability to participate in an exercise program? If so, please explain:

Are you taking any medications, vitamins, or supplements? If so, please list:

Do you have a personal physician? \_\_\_\_\_  
Date of last physical: \_\_\_\_\_

Have you ever been told you have :

High Blood Pressure \_\_\_\_\_

High Cholesterol  
\_\_\_\_\_

Abnormal EKG \_\_\_\_\_

Chest Pain  
\_\_\_\_\_

Rapid/Irregular Heart Beat \_\_\_\_\_

Seizure Disorders  
\_\_\_\_\_

Diabetes Mellitus \_\_\_\_\_

Thrombosis/Embolism  
\_\_\_\_\_

Heart Murmurs \_\_\_\_\_

Respiratory Disease  
\_\_\_\_\_

Shortness of Breath \_\_\_\_\_

Fainting/Dizziness  
\_\_\_\_\_

Do you have a family history of heart disease, stroke or chest pain before the age of 55? If so, please list relation and age of onset:

Do you smoke? \_\_\_\_\_ If yes, how many per day? \_\_\_\_\_  
How many years? \_\_\_\_\_

If you quit, when? \_\_\_\_\_  
How many packs per day and for how long? \_\_\_\_\_

Are you now or have you been pregnant within the last year? \_\_\_\_\_  
If so, date of delivery: \_\_\_\_\_

Do you consider yourself to be under stress?  
If "Yes", circle amount and elaborate: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

### EXERCISE HABITS

Are you currently exercising regularly? If "Yes", please elaborate:

How do you describe your job?

\_\_\_ Sedentary \_\_\_ Moderately active \_\_\_ Very active \_\_\_ Physically demanding

Do you have any physical or health related issues that you feel might have an effect on your success in a regular exercise program? If "Yes", please explain:

What are your health and fitness goals?

I AGREE TO THE ABOVE INFORMATION AND KNOW IT IS CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **RELEASE OF LIABILITY FORM**

" I, \_\_\_\_\_, have enrolled in a program of strenuous physical activity, but not limited to weight training, stationary bicycling, and the use of various aerobic conditioning methods with **InnerZen**. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration of my participation in the prescribed exercise program, I, \_\_\_\_\_, for myself, my heirs and assigns, hereby release **InnerZen**, from any claims, demands, and causes of action arising from my participation in the exercise program."

"I fully understand that I may injure myself as a result of my participation in the prescribed exercise program and I, \_\_\_\_\_, hereby release **InnerZen** from any liability now or in the future for injury, however caused, occurring during or after participation in the exercise program.

I hereby affirm that I have read and fully understand the above,

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**