

Maximum Fitness Physical Activity Readiness Questionnaire

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Answer yes or no to the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

If you answered yes:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have.

In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

When to delay the start of an exercise program:

Your trainer is not responsible for injuries and/or damages that occur when the facility/individual(s) are not supervised by your trainer or during non-operational hours.

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
- If you are or may be pregnant, talk with your doctor before you start becoming more active.

Maximum Fitness Consent for Exercise Program

Exercise Objectives: The purpose of an exercise program is to develop and maintain cardio respiratory (aerobic) fitness, muscular strength and endurance, body composition and flexibility. These recommendations follow industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

Procedures: A structured exercise program based on individual needs (obtained fitness assessment information), interests, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill walking/running, cycling, stair climbing, rowing machines exercise, group aerobic activity, swimming, and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercise to improve joint mobility. All aerobic programs involve warm-up, exercise at target heart rate, and cool-down components and follow the American College of Sports Medicine's recommendations.

Potential Risks: All exercise programs/testing are designed to gradually increase workload on the cardio respiratory and musculoskeletal systems in order to effect improvements. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heart beat, and/or very rare instances of heart attack or death.

Potential Benefits: Benefits obtained from a structured and regularly employed exercise program might include a more efficient cardio respiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function, and a decrease in the risk of heart and other diseases.

Supervision: Your trainer is not responsible for injuries and/or damages that occur when the facility/individual(s) are not supervised by your trainer or during non-operational hours.

Confidentiality: All participant exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than your trainer involved in the participant's exercise program) without expressed written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

Inquiry and Freedom of Consent: I have read the foregoing and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated in the "comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session, I should ask my trainer. I realize that injury may result from improper exercise techniques or misuse of exercise facilities or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease my participation and inform my trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel.

Questions/ Comments: Please write on back

I have read and understand the above information and voluntarily consent to participate in a structured exercise program. I realize that I am free to terminate the exercise program at any time.

Printed Name: _____ **Date:** _____

Signature: _____

Maximum Fitness Health Questionnaire

Name: _____ Date: _____ Sex: M F

Physician's Name: _____ Physicians Phone: _____

Person to contact in case of emergency

Name: _____ Relationship: _____ Phone: _____

Are you taking any medications or drugs? If so, what are they?

Does your physician know that you are participating in this exercise program?

Describe your exercise program now.

Do you now, or have you had in the past:	Yes	No
1. History of heart problems, chest pain or stroke.	___	___
2. Increased blood pressure.	___	___
3. Any chronic illness or condition.	___	___
4. Difficulty with physical exercise.	___	___
5. Advice from physician not to exercise.	___	___
6. Recent surgery (last 12 months).	___	___
7. Pregnancy (now or within last 3 months).	___	___
8. History of breathing or lung problems.	___	___
9. Muscle, joint, or back disorder.	___	___
10. Diabetes or thyroid condition.	___	___
11. Cigarette smoking habit.	___	___
12. Obesity (more than 20% over ideal body weight).	___	___
13. Increased blood cholesterol.	___	___
14. History of heart problems in immediate family.	___	___
15. Hernia, or any condition that may be aggravated by Resistance training.	___	___

Please explain any yes answers on back.

Comments _____

Maximum Fitness Participant Agreement and Release

I, _____, realize that Aaron Miter's (dba MAXIMUM FITNESS) training sessions may require the use of my personally owned/rented fitness equipment. By signing below, I grant MAXIMUM FITNESS, an/or any affiliates permission to recommend and/or demonstrate fitness session activities using my fitness equipment. I will not hold MAXIMUM FITNESS, and/or any affiliates, responsible for equipment damage before, during or after training sessions. In addition, I realize that recommended fitness improvement activities (including, but not limited to, weight/resistance training, stair climbing, cardiovascular/endurance training, supplement recommendation and dietary changes) may risk my safety and/or wellbeing.

I also release Aaron Miter, and/or any affiliates, as well as any facilities that are being used to train me from any liability or cause of action arising from any damage, loss, or injury occurring either upon the premises of the agreed upon location, or while engaged in activity recommended by Aaron Miter and/or any affiliates.

I attest that I have no health problems that may affect my ability to train or diet under any program offered to me by Aaron Miter, and/or any affiliates. My personal physician regularly examines me. I also understand that any vitamins or dietary supplements recommended by Aaron Miter, and/or any affiliates, are taken voluntarily at my own risk.

My signature below indicates my complete understanding and acceptance of these risks. I do not hold MAXIMUM FITNESS, and/or any affiliates, responsible for actions or circumstances, which may lead to my physical or emotional distress, bodily injury, dismemberment and/or health.

Client Signature: _____ Date: _____

Printed Name: _____

Trainer: _____ Date: _____

Printed Name: _____

Maximum Fitness Session Agreement

Date: _____

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____ Age: _____ Sex: _____

Number of sessions purchased: _____ Date of Purchase: _____

Total Amount Due: \$ _____ Method of payment: _____

Remaining amount due: \$ _____ Full amount due date: _____

Please read the terms of agreement and sign below.

We are committed to excellence in fitness training and your complete satisfaction. If you are not completely satisfied with the services provided please be sure to bring this to your trainer's attention immediately. Below are the simple terms of our agreement.

1. To provide timely scheduling for all clients, sessions must be scheduled and/or cancelled 24 hours in advance.
2. No sessions refunds will be granted for any reason.
3. In order to benefit your fitness progression, a minimum of one session per week must be completed following the initial fitness session in a purchase package.
4. For your convenience, payment may be made in the form of cash, money order, cashier's check or personal check.
5. All participants must complete a physical activity readiness questionnaire and be approved by a medical professional.

Signature of client: _____ Date: _____