

# ***Your Body His Temple™***

## PARTICIPANT RELEASE & AGREEMENT

I, \_\_\_\_\_ wish to participate in the exercise and training program offered by ***Your Body His Temple™***. I understand there are inherent risks in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and obtained his/her approval for my participation in the program within thirty (30) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in this training program.

I agree that ***Your Body His Temple™*** shall not be liable or responsible for any injuries to me resulting from my participation in this fitness program (whether at home or a health club, or corporate, commercial, residential or other fitness facility); and I expressly release and discharge ***Your Body His Temple™***, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in this fitness program, excepting only an injury caused by the gross negligence of intentional act of such person or persons. This release shall be binding upon my heir, executors, administrators and assigns.

I have read this release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Participant Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

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

# *Your Body His Temple™*

## PERSONAL INFORMATION & HEALTH HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

1. Have you participated in any form of exercise within the past two months?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what type? \_\_\_\_\_

2. Are you dieting? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of diet \_\_\_\_\_

3. Cups coffee or tea consumed/day \_\_\_\_\_ weekly \_\_\_\_\_ Alcoholic drinks per day  
\_\_\_\_\_ weekly \_\_\_\_\_ Cola drinks per day \_\_\_\_\_ weekly \_\_\_\_\_

4. Do you or have you ever in the past suffered from any of the following?

Allergies _____	Low Blood Pressure _____	Asthma _____
Bursitis _____	Fatigue _____	Epilepsy _____
Arthritis _____	Joint Pain _____	Bronchitis _____
Hernia _____	High Blood Press _____	Varicose Veins _____
Heart Attack _____	Stroke _____	Anemia _____
Angina/Chest Pain _____	Aneurysm _____	High Cholesterol _____
Other _____		

If you answered yes to any of the above please explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what kind? \_\_\_\_\_

Date of surgery \_\_\_\_\_

6. Are you currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please specify type and dosage (Name of medication, illness and how often)

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any of the following conditions that may limit your physical activity?

(Please check if applicable)

Low Back Pain \_\_\_\_\_ Ankle/Foot Injury \_\_\_\_\_  
Nerve Damage \_\_\_\_\_ Knee/Thigh Injury \_\_\_\_\_  
Shoulder/Clavicle \_\_\_\_\_ Arm/Elbow Injury \_\_\_\_\_  
Calcium Deposits \_\_\_\_\_ Bone Fracture \_\_\_\_\_  
Tennis Elbow \_\_\_\_\_ OTHER \_\_\_\_\_

If OTHER please explain \_\_\_\_\_  
\_\_\_\_\_

8. When was your last physical examination? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

9. Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes packs of cigarettes smoked/ week? \_\_\_\_\_

10. Are you currently pregnant or have you given birth within the past 6 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain  
\_\_\_\_\_

11. How would you rate the stress level of your job?  
LITTLE \_\_\_\_\_ MODERATE \_\_\_\_\_ STRESSFUL \_\_\_\_\_

12. How would you rate the amount of physical activity at work?  
VERY LITTLE \_\_\_\_\_ LITTLE \_\_\_\_\_ MODERATE \_\_\_\_\_ ACTIVE \_\_\_\_\_

13. Which days and times are best for you?

<u>DAY</u>	<u>TIME</u>
Mon. _____	_____
Tues. _____	_____
Wed. _____	_____
Thurs. _____	_____
Fri. _____	_____
Sat. _____	_____
Sunday _____	_____

14. Do you have your doctor's permission to participate in this exercise program?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO PLEASE GET PERMISSION!!!!!! (YOU SHOULD HAVE YOUR DOCTOR'S APPROVAL BEFORE PARTICIPATING IN ANY STRENUOUS EXERCISE!!!)**

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

I hereby state that I have read and understand all questions on this health history and I have answered the to the best of my knowledge. I agree to notify **YOUR BODY HIS TEMPLE™** staff if there are any changes in my health status or if I incur any future injury.

\*\*\* Records will be maintained in a strictly confidential manner in accordance with confidentiality requirements of the Privacy Act

# *Your Body His Temple*

## PAYMENT POLICES & PROCEDURES

*Your Body His Temple* bills its clients on a **pre-pay** basis only. There is a one-time \$75 processing fee due with the initial payment before sessions begin. Each session is equivalent to an hour including 20-30 minutes of cardiovascular training (treadmill, bike, etc...) and 30-40 minutes of intense weight based training AT TRAINER'S DISCRETION. All clients must make payments in advance either BI-WEEKLY or EVERY 4 WEEKS. Payment is due directly to the trainer and receipt is given in return. All clients **must be willing to attend and keep payments up for a minimum of 24 consecutive weeks or pay out the remainder of contract**. See below for workout and payment rates.

*Your Body His Temple* trainers work on a scheduled appointment basis. In order for us to effectively use our time we ask that clients give our trainers 24 hours' notice when canceling an appointment, within reason. This means a cancellation should be *at least* 24 hours before the canceled appointment. Personal training sessions canceled inside of 24 hours of the scheduled appointment will be billed at the normal rate of a single session to the client, or clients (in the case of a semi-private session.) All canceled appointments outside of the 24hour time frame must be made up within that scheduled week in order to receive credit for the session.

I, \_\_\_\_\_ have read the a formed mentioned and do understand and accept these policies as they relate to personal fitness training procedures with *Your Body His Temple* Personal Trainers.

Acknowledged and Agreed,

*Your Body His Temple* client \_\_\_\_\_ Date \_\_\_\_\_

Witnessed:

*Your Body His Temple* trainer \_\_\_\_\_ Date \_\_\_\_\_

# *Your Body His Temple*

## FITNESS CONTRACT

The purpose of this contract is to serve as a reminder of the commitment to a healthy lifestyle that you have made to yourself. This contract is to be completed after your initial evaluation and in conjunction with your client goal sheet.

I, \_\_\_\_\_ realize my responsibility to make the lifestyle modifications listed below to help me reach my goals.

### EXERCISE SUGGESTIONS

I promise to follow the above suggestions to the best of my ability.

Signed: \_\_\_\_\_

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

I, \_\_\_\_\_ as a *Your Body His Temple* trainer, promise to guide, educate, and motivate you toward reaching your goals to the best of my ability.

Signed: \_\_\_\_\_

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

# Your Body His Temple (YBHT)

## Agreement to Participate and Liability Waiver

YBHT Client's Name: \_\_\_\_\_

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

### **Physician Approval**

I have examined the above YBHT client and approve him/her for physical activity including all exercises except those listed in the notes directly below. I have assessed their muscular, skeletal, and cardiovascular health and hereby approve any commonly used techniques, machines, and work-out maneuvers except for those listed in the notes directly below.

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature/Date: \_\_\_\_\_

### **Waiver of Rights of Physician Approval**

I certify that I have recently been cleared from my physician and that I am allowed to participate in physical activity associated with YBHT Training. In consideration of my being permitted to participate in YBHT Training and in activities, the undersigned client, do hereby release, waive, discharge and covenant not to sue YBHT Training (including its officers, directors, employees, affiliates, independent contractors and volunteers) from liability for any and all claims that the client might have arising from injury or loss to said client, whether due to the negligence of YBHT Training.

Signature of Client/Date: \_\_\_\_\_

### **Agreement to Participate/Waiver Of Liability:**

All activities involve certain inherent risks. Regardless of the care taken, it is impossible to ensure the safety of all participants. I produce a vigorous, athletic activity requiring coordination, balance and athletic skill. While I will be using care in conducting the program, it is unable to eliminate all risk from the activity. It is possible for participants to suffer common injuries such as muscle strains and sprains. More serious, but less likely, injuries such as broken bones, cuts, concussions, paralysis and death may also occur. These injuries, and others, may result from such incidents as (but not limited to) slips and falls, tripping, colliding with equipment, and stress placed on the muscular, skeletal and cardiovascular systems.

I have read and agree to follow basic safety rules, I certify that 1) I possess my physician's approval to safely participate in physical exercise including but limited to squatting, running, jumping rope, lifting weights etc... 2) I understand that I am to discontinue any time I feel undue discomfort or stress; and 3) I will indicate on the bottom of this sheet any health-related conditions that might affect my ability to participate, and I will verbally inform activity management immediately.

In consideration of being permitted to utilize YBHT Training, the undersigned participant and parent(s) or guardian, on behalf of the participant, participant's family, participant's heirs and assigns, hereby release and agree to indemnify and save harmless YBHT Training (including its officers, directors, employees, affiliates, independent contractors and volunteers) from all liability and all claims for loss, damage or injury to persons or property, that may arise while participating in YBHT Training that is in any way associated with the undersigned's use of the services or facilities provided by YBHT trainers, known or unknown, whether due to the negligence of YBHT Training or otherwise. I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with the activities associated with YBHT Personal Training, and I am voluntarily participating in the activities. In doing so, I am assuming all of the inherent risks of the activity. I further understand that, in the event of a medical emergency, management will call EMS to render assistance, and that I will be financially responsible for any expenses involved.

Signature of Client/Date: \_\_\_\_\_