



PHYSICAL CONDITION

How many days per week are you engaged in physical activities? ____

How would you rate your current fitness level or condition? Poor ____ Average ____ Excellent ____

PAST EXERCISE EXPERIENCE

- Aerobic Exercise
- Resistance Training
- Strength Training
- Flexibility Training
- Session with personal Trainer
- Sports

NUTRITION

Daily average water consumption, i.e. how many 8 oz glasses of water? ____

How many beverages per day containing caffeine do you consume? ____

Do you eat breakfast each day? Y N

How many times per day on average do you eat? ____

Do you eat a wide variety of foods? Y N

Are your food choices mainly nutritious? Rarely Sometimes Mostly Always

GOALS

Rank your goals in undertaking a fitness program. What do you want this program to do for you? Use the following scale to rate each goal separately.

Not at all
Important

1

2

Somewhat
important

3

4

Extremely
important

5

6

_____ a. Improve cardiovascular fitness

_____ b. Body-fat weight loss

_____ c. Improve performance for a specific sport

_____ d. Improve flexibility

_____ e. Increase strength

_____ f. Increase energy level

_____ g. Feel better

_____ h. Enjoyment

_____ i. Reduce stress

_____ j. Pain relief

_____ k. Lose weight/inches

_____ l. Gain weight/muscle

_____ m. Improve quality of life

_____ n. Improve overall health

_____ o. Improve appearance

_____ p. Other _____

XTREEME FITNESS POLICIES

1. In addition to this form, Client will be required to sign and return the following forms to Xtreme Fitness prior to receiving a Fitness Consultation, Training Program Design, or beginning any Personal Training program:
 - a. Registration Form
 - b. Waiver, Release, and Assumption of Risk Form
 - c. Physical Activity Readiness Questionnaire (PAR-Q)
 - d. Training Service Agreement (To be completed at assessment)
2. If you have any of the following physical conditions, you are required to have a Medical Clearance and Physician's Consent Form:
 - a. Hypertension (>145/95 mm Hg)
 - b. Hyperlipidemia (cholesterol >220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
 - c. Diabetes
 - d. Family history of heart disease prior to age 60
 - e. Smoking
 - f. Abnormal resting EKG
 - g. Any other condition that Xtreme Fitness in its sole discretion may deem to present an unreasonable risk to your health, were you to participate in a fitness evaluation or program.

_____ Client's Initials

3. Unless other arrangements are made, Personal Training sessions, and Program Design explanations (these services herein individually and collectively referred to as "sessions") last approximately sixty minutes. In order to provide the best service to all Clients, Xtreme Fitness cannot commit to extending any particular session beyond its previously scheduled time. In those cases where schedules do permit, Clients may request to extend sessions beyond sixty minutes at the current hourly session rate.
4. Rates for Xtreme Fitness services are subject to change. Services prepaid for by Client, which are unused at the time of any rate change, will be honored at the price already paid.
5. In order to provide the best possible service to all Clients, Xtreme Fitness asks that all Clients be ready to begin their session at the scheduled time. Time lost at the beginning of a session due to a Client's tardiness cannot be made up at the end of the session as that could potentially impact the next scheduled session. Unless prior arrangements have been made, no refunds or credits will be given for "no-shows".
6. Regarding cancellations:
 - a. All qualifying cancellations will result in a credit being given which can be applied to any future boot camp session within 60 days. Credits are for future sessions only not cash value.
 - b. All cancellations must be made prior to session in order to receive credit for that session. Cancellations must be made by calling 719-213-4267 or 719-213-3133 also by email: info@xtreemefitness.com.

- c. If Client receives credit for a missed session, the credit must be used within 60 days of the missed session, or it will be waived.
- d. If Xtreme Fitness needs to cancel a scheduled boot camp session, Clients will receive credit for such-session.

_____ Client's Initials

- 7. Payment is due at the time the appointment for a session is booked. Xtreme Fitness accepts cash, check or credit card (Visa, MasterCard, and Discover).
- 8. Clients are required to observe any and all rules of the parks, gym or facilities where sessions take place, if applicable.
- 9. Shirts and shoes are required at all times during sessions. Client should also have water available as necessary during the workout.
- 10. Clients have the right to terminate a particular exercise or session at any time. You are in control of your workouts! If an exercise is uncomfortable or painful, or if you want to stop for any reason, you may do so. If a particular exercise is painful for you to do or you have an injury or other limitation that makes it difficult for you to do, Xtreme Fitness can attempt to substitute another exercise to work that particular muscle group.
- 11. You will get from your workouts what you put in. Results will vary by individual and Xtreme Fitness cannot guarantee specific results. Client acknowledges that Client is responsible for their decisions regarding whether or not to exercise consistently, eat properly, rest enough, and live a healthy lifestyle.
- 12. Xtreme Fitness respects your privacy. Due to the nature of our services, it is necessary to collect certain personal information from Clients. All information collected is treated as STRICTLY CONFIDENTIAL, and Xtreme Fitness will not share or redistribute your information with any third party except as necessary to provide services purchased by the Client, or as required by law. Any information gathered from a Client is simply for our records and, if applicable, necessary to provide the services to the Client for which we have been contracted.
- 13. All Terms and Conditions are subject to change. The most current version of these Terms, Conditions, and Policies will be posted on www.xtremefitness.com.

Client's Signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

WAIVER, RELEASE, and ASSUMPTION of RISK FORM

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

I, _____, have volunteered to participate in a fitness program provided to me by Xtreme Fitness, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Xtreme Fitness agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Xtreme Fitness and it's respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO XTREEME FITNESS OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I understand that Xtreme Fitness has no control over park or facilities conditions, and I hold Xtreme Fitness, its employees, agents, and contractors harmless for any park conditions or weather conditions which might result in injury.

I acknowledge that I understand that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Xtreme Fitness, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

INIT: _____

I acknowledge that I understand that XTREEME FITNESS is not a medical operation, and that no employees, agents, or contractors of XTREEME FITNESS are medical personnel who may diagnose or treat any medical conditions or emergencies that arise during any live sessions. Basic first aid will be rendered for minor injuries made known to the instructors, and for more serious injuries or conditions, basic first aid will be rendered until first responders arrive, if summoned. In the sole discretion of XTREEME FITNESS, medical emergency care (911) may be contacted to render services to me should I exhibit any clear signs of physical distress or the need for emergency medical services during a session. I agree that if such services are summoned, I will be solely responsible for payment of those services, and I hold XTREEME FITNESS, its employees, agents and contractors harmless for any decision to summon or not summon emergency medical help for me during a session, and I hold XTREEME FITNESS, its employees, agents or contractors harmless for the rendering of any first aid or emergency medical assistance to me.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR CLAIM OF ANY KIND OR NATURE AGAINST XTREEME FITNESS, ITS EMPLOYEES, AGENTS, OR CONTRACTORS AS A RESULT OF ENROLLMENT IN OR PARTICIPATION IN ANY LIVE OR ON-LINE PROGRAM, OR ANY COMMUNICATION WITH XTREEME FITNESS.

Participant's signature

Date

Please print name

Parent or legal guardian (if participant is under age eighteen)

Date

Please print name

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the question carefully and answer each one honestly by checking YES or NO.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

If you answered yes to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered no to all questions:

While Xtreme Fitness urges every client to talk to his or her doctor before starting an exercise program, if you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

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

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

Informed Use of the PAR-Q.

(Company) assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature _____ Please Print _____ Date _____

Signature of Parent or GUARDIAN _____
(for participants under the age of eighteen)

Physician's Consent to Participate in a Fitness Program

To: Xtreme Fitness
P.O. Box 62442
Colorado springs, Co 80962-2442

To Whom It May Concern,

My patient, _____, has advised me that he or she intends to participate in a fitness program, which will include, but not be limited to, resistance training as well as cardiovascular training. The sessions will last approximately 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in this fitness program:

Under no circumstances should my patient do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my consent to participate in a fitness program under your guidance.

Sincerely,

(Please sign name here)

Date:

(Please print name here)