



## PARTICIPANT RELEASE FORM

Please complete the following form and return to RFTA before your first personal training session. All information on this form is strictly confidential.

<b>Name:</b>		<b>Date:</b>	
<b>DOB:</b>		<b>Age:</b>	

Contact Information	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Occupation:</b>	

Emergency Contact	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone:</b>	
<b>Physician Name:</b>	
<b>Physician Phone:</b>	
<b>Physician Address:</b>	

## **PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

**1)** I, \_\_\_\_\_, wish to participate in the exercise and training program offered by **Rise From The Ashes Personal Training (RFTA)**. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) 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 the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that RFTA shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential, or other fitness facility) and I express release and discharge from RFTA, 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 the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term: \_\_\_\_\_ (initial)**

**2)** I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "YES" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_ (initial)**

**3)** I understand that I am not obligated to perform nor participate in any activity that I do not wish to, and that it is my right to refuse such participation at any time during my training sessions. I also understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_ (initial)**

**4)** I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: \_\_\_\_\_ (initial)**

5) I understand that all Personal Training rates are based off of 30, 60, or 90 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Personal Trainer is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_ (initial)**

6) I understand that RFTA bills its Personal Training clients on a PRE-PAY basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made BEFORE the sessions are conducted. Cash and checks made payable to Ashley Waldon are all accepted. I understand that all Private Personal Training sessions must be redeemed within six months of purchase.

**I have read and understand this term: \_\_\_\_\_ (initial)**

7) I understand that RFTA operates on a scheduled appointment basis for ALL Private Personal Training sessions and thus, requires that I provide 48 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 48 hours notice given. Should I cancel a session with 48 to 24 hours prior notice, I will be charged 50% for that session. Should I cancel a session with LESS than 24 hours prior notice, I will be charged in full for that session. I understand that RFTA recommends that all cancelled sessions re rescheduled to ensure consistency and fitness progress.

**I have read and understand this term: \_\_\_\_\_ (initial)**

8) I understand that during a personal training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my personal trainer discontinue using this technique.

**I have read and understand this term: \_\_\_\_\_ (initial)**

9) I understand that usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_ (initial)**

10) I understand that RFTA may, on occasion, photograph or film some of their client events/sessions and I provide written approval for them to use these pictures and media for promotional purposes.

**I have read and understand this term: \_\_\_\_\_ (initial)**

I have read this Release and Terms of Agreement, and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

<b>Client:</b>		<b>Date:</b>	
<b>Personal Trainer:</b>		<b>Date:</b>	

<b>PAR-Q FORM</b>	Please Mark Yes or No to the Following Questions	<b>YES</b>	<b>NO</b>
<b>Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?</b>			
<b>Do you frequently have pains in your chest when you perform physical activity?</b>			
<b>Have you ever had had chest pains when you were not doing physical activity?</b>			
<b>Do you lose your balance due to dizziness or do you ever lose consciousness?</b>			
<b>Do you have bone, joint or other health problems that causes you pain or limitations that must be addressed when developing an exercise program (i.e diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc..?)</b>			
<b>Are you pregnant now or have given birth in the last 6 months?</b>			
<b>Have you had recent surgery?</b>			
<b>If you marked YES to any of the above, please elaborate below:</b>			
<b>Do you take any medications, either prescription or non-prescription, on a regular basis?</b>			
<b>What is the medication for?</b>			
<b>How does this medication affect your ability to exercise or achieve your fitness goals?</b>			