FITNESS HUB STUDIOS PERSONAL TRAINING AGREEMENT

<u>Initial Agreements:</u> All personal training clients are required to complete the following: Physical Activity Readiness Questionnaire (PAR Q), Medical History Review Form, as well as this Personal Training Agreement.

<u>Assessments:</u> All personal training clients are eligible for an initial consultation with one of our Fitness Concierges. This includes an assessment on our Seca Body Composition Analyzer (BCA) and Fit 3D Body Scanner; as well as follow up scans to mark continuing progress.

<u>Fees:</u> Personal training fees are available on the Fitness Hub Studio website, the Fitness Hub app, or by inquiring at the front desk. Fees are based on 30 and 60 minute sessions, as well as member and non-member rates. Fees are subject to change.

<u>Appointment Confirmation:</u> All clients will receive an email reminder confirming their Personal Training appointment 24 hours before their session. It is the responsibility of the client and trainer to communicate in an effective and timely manner in scheduling appointments.

Appointment Cancellation: Cancellations must be made 24 hours prior to the session, by calling Fitness Hub at (561) 408-0885, cancelling on the Fitness Hub app or contacting the trainer directly. Any cancellation within 24 hours is subject to full session fee. Late or No Show: Please arrive on time for your session. After 15 minutes, the session will be considered cancelled and fees will be applied. All sessions will end at the pre-scheduled time.

<u>Refund Policy:</u> Session fees are non-refundable, but transferable. Training sessions or services must be purchased in advance. <u>Proper Attire:</u> Proper fitness attire and footwear conducive to the exercise are required.

By signing this Personal Training Agreement, I acknowledge that I have read and understand the terms.

HEALTH HISTORY QUESTIONNAIRE

First Name:		Last Name:		
Email:				
Phone Number:				
Address 1:				
Address 2:				
City:				
EMERGENCY CONTACT				
Name:	Relation:		Phone Number:	

** Regular physical activity is safe for most people. However, some individuals may need to check with their physician prior to beginning an exercise program. To determine if you should consult with a physician please answer the following questions.

Please read the questions on the next page, and answer each one honestly with either a Yes or NO.

Yes	No	Section I: High Risk requiring Physicians Clearance			
	Pain or discomfort in chest, neck, jaw, or arms				
	Shortness of breath				
	Dizziness or passing out episodes				
Ankle edema					
Known heart murmur					
	Cardiovascular Disease: chest pain, heart attack, stroke, open-heart surgery, angioplasty				
	Pulmonary Disease: emphysema, chronic bronchitis, asthma, cystic fibrosis				
	Metabolic Disease: diabetes mellitus, thyroid disorder, kidney disease or liver disease				
	Section 2: Low to Moderate Risk				
	Family history of heart disease				
	Current cigarette smoker				
	Hypertension or taking antihypertensive medication				
	High cholesterol section				
		Section 3: Orthopedic Issues			
		Ankle sprain			
		Knee pain / surgery			
		Neck / jaw pain			
		Lower back pain / surgery			
		Shoulder pain / surgery			
		Elbow / wrist pain			
Signature		Date			
		MEMBER CONSENT FORM FOR EXERCISE PROGRAM			
Exercise Ob	jective:	The purpose of a monitored exercise program is to develop and maintain cardiovascular fitness, muscular strength,			
	nd endur	ance. These recommendations follow industry standards and should be conducted under the supervision of a			
Procedures:	A struct	tured exercise program is based on and developed upon individual needs and goals. Potential Risk: All exercise			
programs ar	re design	ed to place a gradually increasing workload on the cardio respiratory and muscular and skeletal systems in order to			
improve. Th	e body's	reaction to the workload differs in individual cases. Every effort will be taken to minimize these risks through the			
Health Histo	ory Que	stionnaire and your individual consultation with your trainer.			
Supervision	· Vour tr	,			
Freedom of	<u>.</u> 10u1 ti	ainer is not responsible for injuries that may occur during unsupervised exercises.			
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	Consent the belo	ainer is not responsible for injuries that may occur during unsupervised exercises. L: I have read and understand the objective, procedure, potential risk and supervision issues. Unless otherwise ow "comment" section, I certify that I am in good health and have no know conditions that would limit me in a			
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structured e or technique notify my tr as needed sl Comments:	Consent the beloe exercise pe I will a rainer should an	ainer is not responsible for injuries that may occur during unsupervised exercises. Let I have read and understand the objective, procedure, potential risk and supervision issues. Unless otherwise ow "comment" section, I certify that I am in good health and have no know conditions that would limit me in a program. I understand, should I have any questions during my training session regarding effectiveness, proper form ddress it with my trainer. I am responsible for monitoring my own condition during training sessions and should ould I become light headed, dizzy, short of breath, fatigued or have pain during the session. I will update my trainer			

Signature of Trainer

Date

Signature

Date

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you are planning on beginning an exercise program, please start by answering the seven questions listed below. If you are between the ages of 15 to 69, the PAR-Q will tell you if you should check with a physician prior to beginning you exercise program. If you are over 69 please check with your physician prior to starting an exercise program.

Please read the following questions, and answer each one honestly with either a Yes or NO.

Yes No

- 1. Has a doctor ever told you that you have a heart condition and recommend only medically supervised activity?
- 2. Do you have chest pain brought on by physical activity?
- 3. Have you developed chest pain the past month?
- 4. Have you on one occasion or more lost consciousness or fallen over as a result of being dizzy?
- 5. Do you have a bone or joint problem that may be aggravated by the proposed physical activity?
- 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
- 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?

If you have answered "YES" to any of the above questions, please contact your physician prior to increasing your physical activity.

Name of Adult Participant and/or Parent or Legal Guardian of Minor:

First Name:	Last Name:	Birth Date:	
State:	Address:	City:	
Postal Code:	Email:	Phone:	
	ticipant or Parent/Guardian if a minor participo	ant(s)	
Date and Time Signed:			
System Time Stamp:			