



Dear New Client,

Welcome. Thank you for choosing Healthy n Fit with Stacy Rae as your Personal Trainer. I look forward to working with you towards obtaining your health & fitness goals. I am dedicated to providing you with fitness programming that incorporates the latest research and training techniques to ensure that your workouts will be as effective as possible.

Our vision is to provide our clients with ongoing education, motivation, guidance and comprehensive health and fitness programs specific for your individual body type. Today, Healthy n Fit with Stacy Rae continues to help people achieve their fitness goals while creating a healthier lifestyle.

To make your training as enjoyable as possible, we ask that you read the information in your welcome package. If you have any questions or concerns, please do not hesitate to call us.

Yours in health and fitness,

Stacy Rae Mednick
Healthy n Fit with Stacy Rae

Health & Physical Activity worksheet

3. Has your physician advised you against exercise? Yes No

4. Are you presently receiving physical therapy? Yes No

5. Do you have any of the following that may limit your physical activity? (check all that apply)

Ankle/Foot Injury Head/Neck Injury Shoulder/ Clavicle Injury Arthritis
 Lower Back Pain Nerve Damage Wrist/Hand Injury Tennis Elbow
 Hip/Pelvic Injury Calcium Deposits Arm/Elbow Injury Bone Fracture
 Upper Back Injury Knee/Thigh Injury Other: _____

6. Are you presently taking any medications?

Yes No

If YES, please explain: _____

7. Are you involved in an exercise program at this present time?

Yes No

If YES, please explain the program: _____

8. How would you rate your amount of physical activity at work?

Very Little Little Moderate Active Very Active

9. How would you rate the stress level at your job? Little Moderate Stressful

10. When exercising, including climbing stairs, do you ever experience any of the following? (check all that apply)

Chest Pains Shortness of Breath Pressure over the heart
 A Tired-out feeling Dizziness Leg Aches

11. Have you ever had a stress test? Yes No If Yes, date of your most recent test: _____

12. What was your weight one year ago? _____ Five years ago? _____ at age: _____

13. Do you follow any special diet at the present time? Yes No

If so, what type?

Low Cholesterol/Low Fat Low Salt Reduced Calories Liquid Other

14. What are your personal exercise program goals? Weight Control/Loss Stay in Shape

Cardiovascular conditioning Increasing Strength Other: _____

15. What equipment do you presently have available to you? _____

16. Any additional information or comments before beginning your exercise program?

Health & Fitness Evaluation

Health and Fitness Goals

Purpose: To help you establish specific short and long term goals, visualize these goals, and work toward successfully improving your health!

1. State briefly your long term goal(s) you wish to reach. (Be specific)

- A. _____ C. _____
B. _____ D. _____

2. Now decide on a date when you plan to reach your goal(s). Allow yourself a realistic amount of time. Don't make the goal(s) so far down the line that you lose the sense of urgency. Establish short-term goals with target dates to help you reach your long-term goals.

Example:

Long Term: 40 pound weight loss in 1 year

Short Term: 1-2 pounds per week weight loss

<u>Short-Term Goals:</u>	<u>Long Term Goals:</u>	<u>Date I Will Reach this Goal:</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

3. List all the roadblocks and obstacles that you think might stand between you and success in reaching your goal(s). Plan ahead. It is a good idea if you know what's down the road.

4. List all the actions you plan to take to overcome these obstacles.

5. List all of the benefits you plan to enjoy when you reach your wellness goal(s).



PERSONAL TRAINING POLICIES

1. The trainer and the Client have agreed that the Trainer will conduct _____'s personal training sessions.
2. **Healthy N Fit with Stacy Rae** bills it's Clients on a pre-paid basis. Invoices are issued to a Client and are due upon receipt.
3. All packages we offer come with an expiration date. Any sessions not used by the expiration date, will not be honored.

4. The training sessions will take place on the following dates & times:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

A minimum of 2 training sessions per week is required.

5. Each training session will be one hour long.
6. Please be on time for your session. If you are late, the session must still finish on time.
7. Should you, the Client, wish to reschedule a session, we will do our best to accommodate your request. Should the Trainer be unable to find an alternative time slot, and the request is placed less than 24 hours prior to the session, you, the Client, will be charged for the session.
8. **Health N Fit with Stacy Rae** requests that a fourteen (14) day advance notice be given in the case of your vacations or extended absences during the time of training.
9. **No Refunds.**
10. As your personal Trainer, if I am unable to keep an appointment for any reason and am unable to give you at least 24-hours notice, you will receive a free personal training session. If you are unable to give me atleast 24 hours notice of cancellation, I require you to make a normal payment. We thank you for your consideration.

I acknowledge and fully understand the Cancellation Policies as stated above.

Clients Name: _____
(Print)

Date: _____

(Signature)

Trainer: _____
(Print)

Date: _____

(Signature)



Release of Liability

1. In consideration for being allowed to participate in the personal fitness training activities and programs of **Healthy N Fit with Stacy Rae**, and to use it's facilities, equipment and services; in addition to the payment of any fee or charge; I do hereby forever waive, release, and discharge **Healthy N Fit with Stacy Rae** and its officers, agents, employees, and representatives of any liability for injury to my person and/or property; including injury cause by the negligent act or omission of any activities, programs, or services of **Healthy N Fit with Stacy Rae**, or for injury caused by the use of any equipment at various sites, including home, that were provided by and/or recommended by **Healthy N Fit with Stacy Rae**. _____ (initials)

2. I have been informed of, understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death, or serious disability, 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 or death. _____ (initials)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and use of exercise equipment. I also acknowledge that either I have had a physical examination and have been given my physician's permission to participate, or I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician; and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment. _____ (initials)

4. I understand that **Healthy N Fit with Stacy Rae** providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation, or indication of my psychological well-being, or medical opinion relating thereto. _____ (initials)

Clients Name: _____
(Print)

Date: _____

(Signature)

Trainer: _____
(Print)

Date: _____

(Signature)



Monthly Payment & Policies Agreement

1. With this personal training agreement, I _____ am in agreement with the monthly fee of \$_____. This contract is for _____ workouts per week. Days and times to be agreed upon by both parties. _____ (initials)

2. I understand that the monthly dues are due on the _____ of every month, and I agree to pay **Healthy N Fit with Stacy Rae** the amount of \$_____ each month. _____ (initials)

3. I am giving **Healthy N Fit with Stacy Rae** permission to run my credit card #_____ every month on the date listed in the #2 section of this agreement. _____ (initials)

4. If I need to re-evaluate my training, or cancel my training with **Healthy N Fit with Stacy Rae**, I am required to give a 30 day notice as a courtesy to them. _____ (initials)

5. I understand that I am participating in the monthly personal training program with **Healthy N Fit with Stacy Rae**, and I take full responsibility for the above information, and understand our agreement. _____ (initials)

6. I understand that there are no refunds, and if there are sessions that I have not used at the end of the month, they are not going to be rolled over into the next month. _____ (initials)

7. I understand that I am solely responsible for the scheduling of all my allotted monthly sessions. All sessions purchased in a monthly package expire on the last day of the purchased month. _____ (initials)

Clients Name: _____
(Print)

Date: _____

(Signature)

Trainer: _____
(Print)

Date: _____

(Signature)