

SMARTER EXERCISE: FITNESS GOALS AND BACKGROUND

We appreciate your taking the time to respond to these questions honestly and accurately. Your response will be used to help us assure your safety and success while participating in a strength training program.

PERSONAL DATA

LAST NAME				FIRST NAME				M.I.		THIS SECTION TO BE COMPLETED BY INSTRUCTOR					
STREET ADDRESS				CITY				STATE		POSTAL CODE		HEIGHT: _____		SIZE: _____	
(____) _____				(____) _____				BIRTHDATE (Month/Day/Year)				<u>CURRENT</u>		<u>DESIRED</u>	
CELL PHONE				OTHER PHONE				AGE: _____				WEIGHT: _____		WEIGHT: _____	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE												% FAT: _____		% FAT: _____	
												BMI: _____		BMI: _____	

E-MAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____ IDEAL WORKOUT SCHEDULE _____

EMERGENCY CONTACT _____ TELEPHONE _____ RELATIONSHIP _____ HOW DID YOU HEAR ABOUT US? _____

FITNESS GOALS (Check all that apply)

- | | | | |
|----------------------------------------------|---------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Increase strength | <input type="checkbox"/> Improve body shape | <input type="checkbox"/> Increase metabolic rate | <input type="checkbox"/> Increase recreational performance/enjoyment |
| <input type="checkbox"/> Improve muscle tone | <input type="checkbox"/> Improve well-being | <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Improve heart (cardio pulmonary) health |
| <input type="checkbox"/> Improve bone health | <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve athletic performance | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Improve posture | <input type="checkbox"/> Sleep better | <input type="checkbox"/> Improve energy/stamina | <input type="checkbox"/> All of the above |

Are you committed to achieving your fitness goals at this time? Yes No

What is going to be your biggest obstacle to achieving your fitness goals? _____

What are your two most important reasons for starting a strengthening program today? 1. _____
2. _____

When designing your customized program, are there specific areas you want to target?

What type of coaching do you respond to best? _____

FITNESS BACKGROUND

Describe your current level of weekly physical activity: _____

Other exercise, sports, or recreational activities and frequency: _____

Do you currently have a gym/club membership? Yes No If yes, where? _____

Do you have any experience with weight lifting? Yes No If yes, please describe: _____

Do you have any experience with a personal trainer? Yes No If yes, please describe: _____

HEALTH HISTORY AND CURRENT CONDITIONS

Have you ever participated in physical therapy? Yes No If yes, please provide reason for therapy, approximate date of therapy, and results:

Do you have any areas of weakness, muscle tension, muscle tightness, or constant stiffness? Yes No If yes, please describe:

Are you, or do you currently have, any of the following?

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Severe Injury / Swelling | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Acute Joint Pain |
| <input type="checkbox"/> Acute Illness, Fever, Chills, or Infection | <input type="checkbox"/> Acute Flare-up of Chronic Disease (MS, RA) | <input type="checkbox"/> Migraine Headache |
| <input type="checkbox"/> Left-side Chest Pain or Left Arm Pain | <input type="checkbox"/> Severe Fatigue/Severe Depression | <input type="checkbox"/> Loss of Sensation in Arms, Legs, or Pelvis |
| <input type="checkbox"/> Shortness of Breath/Tightness in Chest | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Resting Blood Pressure > 160/100 |
| <input type="checkbox"/> Radiating Arm or Leg Pain | <input type="checkbox"/> Loss of Bladder or Bowel Control | <input type="checkbox"/> Worsening Pain or Intense Pain at Night |

Do you currently have, or have you ever had, any of the following?

- | | | |
|-----------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Anemia/Dizziness/Fainting | <input type="checkbox"/> Depression | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Neck Pain, Tension or Fatigue |
| <input type="checkbox"/> Allergies/Sinus/Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Osteoporosis/Osteopenia |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Headaches | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Hernia | <input type="checkbox"/> Spinal Injury (neck and/or back) |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Hypoglycemia (low blood sugar) | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> COPD (Respiratory Disease) | <input type="checkbox"/> Hypertension (high blood pressure) | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> IBS / Crohn's | <input type="checkbox"/> Surgeries _____ |

Do you have joint injuries/pain (shoulders, elbows, wrists, hips, knees, ankles)? Yes No If yes, please describe: _____

Are you currently under any restriction(s) by your doctor for any reason? Yes No If yes, please describe: _____

Please list any other injuries, illnesses, or health conditions we should consider when customizing your workout plan: _____

INFORMED CONSENT

I have agreed to participate in a workout program consisting of physical activity, including but not limited to, body conditioning machinery used during the workout sessions at Smarter Exercise. I affirm that I am in good physical condition and do not suffer from any disability that would contribute to an injury.

INITIALS: _____

LIABILITY WAIVER

Participating in an exercise program naturally involves risk of injury, whether you or someone else causes it. For and in consideration of the design of an exercise program for the client by DEMIFI, Inc. dba Smarter Exercise (Company), the client agrees:

I certify that my responses to the Fitness Goals and Background questions are true and complete to the best of my knowledge; and that any exercise program shall be undertaken at my sole risk; and I release my instructor from all claims, injuries, damages, action or causes of action, and in consideration of my participation in any workshops or workout sessions; I release the Company, its affiliates, subsidiaries, directors, officers, employees, and agents from any claims, liability, demands, and causes of action arising from my participation in an exercise program and from all acts of negligence on the part of the company, facility, its owners, agents or employees.

I fully understand that I may injure myself as a result of my participation, and I release the Company from any liability now or in the future, including but not limited to, heart attack, stroke, muscle strain, muscle pull or tear, shin splints, heat exhaustion, knee or foot injuries, back injuries and any other illness, soreness or injury occurring during or after my participation in an introductory workout and/or an exercise program.

CLIENT'S SIGNATURE _____

DATE (Month/Day/Year) _____