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INSTRUCTIONS

Please complete this form as completely and honestly as possible. This form will take approximately 15 minutes to complete, so take time to thoughtfully and comprehensively complete the application. The information provided on this form is confidential and is used to design, implement and monitor a personalized training regimen specific to your needs. Should you have any questions or concerns, please feel free to contact me.

Please email the completed application to <applications@kingkohn.com> or bring this form to your initial consultation. The initial consultation is \$50.00 and generally requires only 1 hour. During that time, I will discuss options and provide guidance for the best approach of training to suit your individual needs, review the application and determine whether a Physician's Referral is necessary and provide answers to any questions or concerns you may have regarding beginning an exercise program as well as any general questions you may have regarding health and fitness.

Documents Included: ***Indicates Required Documents for ALL clients

1. *PAR-Q & YOU:**

This document is required to be completed in full.

2. *Personal Training Contract/Agreement:**

This will be completed upon hiring the me as your personal training/coaching professional.

3. *Health and Medical Questionnaire:**

Please fill out as completely and accurately as possible. This information is kept confidential to protect your privacy.

4. Current Training Regimen:

Provide information on your current exercise program as general questions concerning diet and exercise if applicable.

5. Physicians Referral:

If you are over the age of 45 or answered YES to ANY questions in the PAR-Q & YOU, I recommend that you obtain a referral from you physician to begin an exercise program. In addition, a physician's referral may be required by me at my discretion.

6. Hyde Park Gym membership/waiver:

Fill out only if you will be trained at Hyde Park Gym.

PAR-Q & YOU

(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 every day. 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 questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> 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.
- Find out which community programs are safe and helpful for you.

NO to all questions

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a 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 fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Supported by:



Health Canada
Santé Canada

Assumption of Risk:

Congratulations on your decision to participate in an exercise program! With the help of *King Kohn's Personal Training*, you will greatly improve your ability to accomplish your training goals faster, safer and with maximum benefits. The details of these training sessions can be used for a lifetime.

In order to maximize your progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training sessions. Remember, exercise and healthy eating are equally important!

During your exercise program, every effort will be made to assume your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. While participating in this program, you agree to assume responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude you from participating in an exercise program.

A physician's examination is recommended for (1) all participants with *any* exercise restrictions; and (2) *all* men 45 years old or older and *all* women 55 years old or older. Personal training participants in either or both of these categories who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signed below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

It is recommended that all program participants work with their personal trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

Personal Training Terms and Conditions:

- 1. Personal training sessions that are not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
- 2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
- 3. The expiration policy requires completion of all personal training sessions within 90 days from the date of contract. Personal training sessions are void after this time period.
- 4. No personal training refunds will be issued for any reason, including but not limited to relocation, illness and unused sessions.

I have read and understand the above *Personal Training Terms and Conditions* and *Assumption of Risk*.

Signed this _____ day of _____, _____ A.D.

Participant's name (please print clearly)

Participant's signature

Parent/Guardian's signature (if applicable)

Date: _____
Name: _____ Date of Birth: _____
Email Address: _____ Phone Number: _____
Address: _____
Emergency Contact: _____ Phone: (____) _____
Present Body Weight: _____ Body Weight 1 Year ago: _____ Body Weight at 21: _____
Personal Physician: _____ Phone: (____) _____
Date of Last Physical Examination: _____ Do you smoke: _____ If so, how
much per week and for how long? _____
Current medications: _____

PRESENT/PAST HISTORY:

Have you had OR do you presently have any of the following conditions? (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Recent operation | <input type="checkbox"/> Edema (swelling of ankles) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Injury to back or knees |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Fainting or dizziness | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Chest pains | <input type="checkbox"/> Palpitations/Tachycardia | <input type="checkbox"/> Known heart murmur |
-
- Unusual fatigue or shortness of breath with usual activities
 - Temporary loss of visual acuity or speech
 - short-term numbness or weakness in one side, arm or leg of your body
 - Pain, discomfort in the chest, neck, jaw, arms, or other areas
 - Intermittant Claudication (calf cramping)
 - Shortness of breath at rest or with mild exertion
 - Orthopnea (the need to sit up to breathe comfortably)
 - Paroxysmal (sudden, unexpected attack)
 - Nocturnal dyspnea (shortness of breath at night)
 - Bone or muscle disabilities
 - Other _____

FAMILY HISTORY:

Have any of your first-degree relatives (parent, sibling or child) experienced the following conditions? (Check all that apply.) In addition, please identify at what age the condition occurred.

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Heart operation | <input type="checkbox"/> Congenital heart disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Diabetes |

Other major illness: _____

Explain checked items: _____

1. Focus of training: (use % if needed)

- Power
- Strength
- Hypertrophy
- Endurance
- Other _____

2. I am interested in:

- Maintaining body weight / muscle tone
- Losing body fat
- Gaining muscle mass
- Toning
- Competition
- Aerobic conditioning
- Aerobic endurance training
- Other _____

3. Per week, I have been engaging in:

- Aerobic workouts for _____ minutes
- Resistance workouts for _____ minutes
- I have never performed resistance training exercises

4. Have you ever worked with a personal trainer? YES NO

5. What is your ideal approach to getting in shape?

6. What have you tried in the past to achieve the fitness results you desire?

7. What do you feel you need to do to reshape your body and improve your health and fitness?

8. What exercise and nutrition strategies do you feel are important?

Dear Doctor:

Your patient _____ has contacted me regarding his/her intention of participating in a preventative program of exercise. In the interest of your patient and for my information, please complete the following.

- A. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? (circle one): YES NO
- B. I consider this patient (check one):
 - a. ____ Class I: presumably healthy without apparent heart disease eligible to participate in an unsupervised program
 - b. ____ Class II: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised OR unsupervised program
 - c. ____ Class III: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program only.
 - d. ____ Class IV: patient not eligible for participate in an exercise program, and a medically supervised program is recommended.
- C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? (circle one): YES NO

If so, please explain: _____

- D. Are you aware of any medical condition(s) that this patient may have or may have had that could be complicated or aggravated by exercise? YES NO

If so, please explain: _____

- E. Please list any currently prescribed medications (prescription or OTC): _____

- F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program.

referring physician's signature

physician's printed name (print clearly)

office phone: () _____

**HYDE PARK GYM
MEMBER AGREEMENT**

1. Member's Name: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Phone Number: _____
4. Driver's License No. & State Issuing: _____
5. Age: _____ (If under 18 years of age, parent/guardian should complete consent, below.)
6. Date of Birth: _____

7. This Nonmember/Guest Agreement between Nonmember/Guest, listed in Section 1, above, and Hyde Park Gym, Inc. (the "Gym") and covers a one-time use of the Gym, unless the Gym agrees to additional uses of the Gym. Nonmember/Guest's right to use such facilities is, however, strictly conditioned on Nonmember/Guest's observance of all rules and regulations Prescribed by the Gym. Such one-time use shall occur only on the date of this agreement.

8. Nonmember/Guest agrees to keep and obey all rules and regulations now in force or in the future prescribed by the Gym, for the use of the Gym training facilities, premises, and equipment therein, and the Gym reserves the right to revoke this guest privilege for any reason at any time and for cause if Nonmember/Guest fails to keep and obey any of such rules and regulations, or if Member violates any civil or criminal law on the Premises or unreasonably disturbs or annoys other members or staff or commits an act of moral turpitude or fraud. Without limiting Nonmember/Guest's obligation to obey the rules and regulations of the Gym presently in force or in the future prescribed, Nonmember/Guest agrees that he will obey the following rules by:

- a. Always considering other members' and nonmembers/ guests' rights and privileges while he is training;
- b. Always printing his first and last names legibly on the sign-in sheet when he uses the facility;
- c. Always unloading all bars and machines when he is through using them and replacing all weight plates on their proper racks;
- d. Always replacing barbells and dumbbells on their proper racks at the end of each set;
- e. Always following directions on the proper use of the training equipment and asking for directions when necessary;
- f. Never spitting into the water fountain;
- g. Never putting his feet on the wall;
- h. Never placing weight plates on the floor;
- i. Never banging dumbbells together when doing flies or other exercises;
- j. Never dropping dumbbells or barbells on the floor;
- k. Always disposing of trash in the proper places;
- l. Always treating members and staff with fullest respect and courtesy at all times;

9. It is expressly understood and agreed that this contract is not assignable or transferable by Nonmember/Guest and no rights or privileges granted by this contract can be transferred or assigned by Nonmember/Guest.

10. It is further agreed that all exercise, including the use of weights, number of repetitions, and use of any and all machinery, equipment, and apparatus designed for exercising and the use of the Gym's premises and facilities, shall be at the Nonmember/ Guest's sole risk. Notwithstanding any consultation on exercise programs which may be provided by Gym employees or agents, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be Nonmember/ Guest's sole and entire responsibility, and the Gym shall not be liable to Nonmember/Guest or Nonmember/Guest's family for any claims, demands, injuries, damages, or actions arising due to injury to Nonmember/Guest's person or property arising out of or in connection with the use by Nonmember/Guest of the services and facilities of the Gym or the premises where the same is located. If Nonmember/Guest brings any personal property onto the premises of the Gym or onto the Gym's parking area, Nonmember/Guest takes such action at Nonmember/Guest's sole risk. It is hereby understood that the Gym is not responsible in any way for damage to or loss of any personal property which Nonmember/Guest brings onto the premises of the Gym or onto the Gym's parking area, including but not limited to, losses due to theft, damage, or car accident. Nonmember/ Guest hereby holds the Gym, its successors, assigns, owners, officers, directors, employees, and agents harmless from all claims which may be brought against them by Nonmember/Guest, on Nonmember/Guest's behalf, by Nonmember/Guest's family, and Nonmember/ Guest's executors, administrators, and personal representatives for any such injuries or claims aforesaid and Nonmember/Guest for himself and on behalf of his family, executors, administrators, and personal representatives does hereby forever release and discharge the Gym, its successors., assigns, owners, officers, directors, employees, and agents from all claims, demands, injuries, damages, actions' losses and expenses. This section will survive any cancellation of this Agreement and will apply to all uses of the Gym by, Nonmember/Guest, unless superseded by subsequent written agreement between Gym and Nonmember/ Guest.

11. Nonmember/Guest agrees to hold Hyde Park Gym, Inc. harmless of and from any and all claims, suits, causes of action, losses, damages, injuries and liability in any way arising out of Nonmember/Guest's use of the Gyms facilities or equipment; Nonmember/Guest's presence on or about the Gyms premises; and/or, in any way arising out of training advice, instruction, information or assistance of any kind given on the Gym's Premises, whether by an agent, servant or employee of the Gym or otherwise.

12. Nonmember/Guest further agrees that it is Nonmember/Guest's expressed intention to release the Hyde Park Gym, Inc., its agents, servants, employees, invitees and/or licensees of and from the consequences or results of any negligent act or omission committed, Permitted or suffered by Hyde Park Gym, Inc., its agents, servants, employees, invitees and/or licensees in any way relating to the Nonmember/Guest's use of the Gym's facilities or presence in or about its premises.

13. The parties hereto agree that the terms and provisions of this agreement shall be binding on their respective successors, assigns, heirs and personal representatives.

14. Each party hereto acknowledges the sufficiency of the consideration provided by the other.

(over)

NONMEMBER/GUEST ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS AGREEMENT EXECUTED BY BOTH GYM AND NONMEMBER/GUEST AND ACKNOWLEDGES THE AGREEMENT TERMS.

Signed by Nonmember/Guest

Date

Hyde Park Gym, Inc. Representative

Date

PARENTAL/GUARDIAN CONSENT

The undersigned persons are the parents or guardians of the Nonmember/Guest in this nonmember/guest agreement and make this agreement for the purpose of enabling the Nonmember/Guest to use the Hyde Park Gym, Inc. (the "Gym") training facilities. The undersigned persons consent to the Nonmember/Guest using the Gym training facilities and are aware of the risks involved in such use. The undersigned persons further agree that this consent shall constitute a bar to any recovery by them for any loss to them due to such use, including but not limited to loss of the Nonmember/Guest's services or companionship or loss of or damage to any personal property. The undersigned persons hereby hold the Gym, its successors, assigns, owners, officers, directors, employees, and agents harmless from all claims which may be brought against them by the undersigned persons, Nonmember/Guest or on Nonmember/Guest's behalf or by Nonmember/Guest's family for any such injuries or claims aforesaid and the undersigned persons for themselves and on behalf of Nonmember/Guest and his family, executors, administrators, and personal representatives do hereby forever release and discharge the Gym, its successors, assigns, owners, officers, directors' employees, and agents from all claims, demands, injuries, damages, actions, losses and expenses. The undersigned Person agrees to indemnify and hold Hyde Park Gym, Inc., harmless of and from any and all claims, suits, causes of action, losses, damages, injuries and liability in any way arising out of Nonmember/Guest's use of the Gym's facilities or equipment; Nonmember/Guest's Presence on or about the Gyms premises; and/or in any way arising out of training advice, instruction, information or assistance of any kind given on the Gym's Premises, whether by an agent, servant or employee of the Gym or otherwise. The undersigned Person further agrees that it is his or her expressed intention to release the Hyde Park Gym, Inc., its agents, servants, employees, invitees and/or licensees of and from the consequences or results of any negligent act or omission committed, Permitted or suffered by HydePark Gym, Inc., its agents, servants, employees, invitees and/or licensees. The parties hereto agree that the terms and Provisions of this agreement shall be binding on their respective successors, assigns, heirs and personal representatives. Each Party hereto acknowledges the sufficiency of the consideration provided by the other.

Signed by Parent/Guardian

Relationship to Member: _____ Father; _____ Mother; _____ Guardian; _____ Other
(state relationship) _____

Print Name: _____

Date: _____

Signed by Parent/Guardian

Relationship to Member: _____ Father; _____ Mother; _____ Guardian; _____ Other
(state relationship) _____

Print Name: _____

Date: _____