

# inMOTION CLIENT INFORMATION QUESTIONNAIRE

All information received on this form will be treated as strictly confidential.

Please fill out the forms **completely and accurately**. This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.

Name:	_____	Date of Birth	___/___/___	Age:	_____
			M D Y		
Address:	_____				
	Street	City	State	Zip Code	
Phone:	_____ (h)	_____ (w)	_____ (c)		
Email address:	_____				
Occupation:	_____				
Emergency Contact:	_____	Relationship:	_____		
Phone Number:	_____				

**Please provide 12 hours notice if you need to cancel or reschedule your Personal Training appointment.**



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## Goal Setting:

How can we help you? Please check that which applies.

- Lose Body Fat    Develop Muscle Tone    Rehabilitate an Injury    Nutrition Education  
 Start an Exercise Program    Design a more advanced program    Safety  
 Sports Specific Training    Increase Muscle Size    Fun    Motivation  
Other \_\_\_\_\_

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S= Specific (Provide details, how long, how much etc.)

M= Measurable (How will you measure whether you've reached your goals)

A= Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. How will you feel once you've achieved these goals? Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How committed are you to achieving your fitness goals?  Very    Semi    Not very

4. What do you think the most important thing your Personal Trainer can do to help you achieve your fitness goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Miscellaneous Questions:

1. How did you hear about us? Please check that which applies.

- Brochure    Word of Mouth    The Bulletin    Yellow Pages  
 Google    Referral    Flyer    Chamber of Commerce    Website  
Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?

\_\_\_\_\_

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## PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by **inMotion** Training Studio and **BootcampBend.com** (ITS&B). 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 **ITS&B** 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 expressly release and discharge ITS&B and its owners, employees, agents, independent contractors, 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 do, and that it is my right to refuse such participation at any time during my training sessions. I 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 Private Personal Training rates are based on 30, 45 or 60 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)

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- 6) I understand that ITS&B bills its Personal Training and Bootcamp 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. Credit cards, cash and checks made payable to inMotion Training Studio are all accepted. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase.

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

- 7) I understand that ITS&B operates on a scheduled appointment basis for all Private Training sessions and thus, requires that I provide 12 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 12 hours notice given. Should I cancel a session with 12 hours prior notice, I will be charged 50% for that session. Should I cancel a session with LESS than 1 hours prior notice, I will be charged in full for that session. I understand that ITS&B recommends that all cancelled sessions be 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 trainer discontinue using this technique.

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

- 9) I understand that the 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 should my Personal Trainer become ill or is away on holidays, another trainer will be assigned to me so that my fitness progress does not suffer. I also understand that in the event that my Personal Trainer is no longer employed by ITS&B, a suitable Personal Trainer will be re-assigned to oversee my program and workout sessions.

**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.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
PERSONAL TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

# inMotion Training Studio & BootcampBend.com

## PAR-Q

Member Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Best time to Call: \_\_\_\_\_

### Personal Training

What type of personal training program or group classes most interests you? \_\_\_\_\_

When are you most likely to workout? Please be specific: (ex. M-F 11am -12:30pm) \_\_\_\_\_

Describe the ideal Personal Trainer to meet your fitness needs: (ex. special interests, personality, male/female)  
 \_\_\_\_\_  
 \_\_\_\_\_

You are entitled to one complimentary fitness assessment:

\_\_\_\_ You are medically cleared to exercise

\_\_\_\_ Please call at least 12 hours in advance to reschedule an appointment, or it will be forfeited

### Goals - Check all that apply

Weight Loss    Flexibility    Reduce Stress    Overall Health   1 Month Goals: \_\_\_\_\_  
 Definition    Endurance    Gain Energy    Self-Image   3 Month Goals: \_\_\_\_\_  
 BodyBuilding    Strength    Nutrition    Confidence   6 Month Goals: \_\_\_\_\_

### Interests - Check all that apply

Weight Lifting    Yoga    Swimming    Golf    Kickboxing    Other \_\_\_\_\_  
 Martial Arts    Pilates    Racquet Sport    Running    Spinning    Other \_\_\_\_\_  
 Boxing    Dance    Skiing    Biking    Rollerblading    Other \_\_\_\_\_

### Health History

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Occupation: \_\_\_\_\_

Please check "Yes" or "No" if a doctor has indicated that you have or had any of the following conditions:

	Yes	No		Yes	No		Yes	No
<i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pulmonary Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	Sedentary Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	Hyperglycemia	<input type="checkbox"/>	<input type="checkbox"/>
<i>Metabolic Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fam. Hist Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis/ Joint pain	<input type="checkbox"/>	<input type="checkbox"/>	G. I. Disorder	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chest Pain</i>	<input type="checkbox"/>	<input type="checkbox"/>	Back Pain/ Spine Disorder	<input type="checkbox"/>	<input type="checkbox"/>	High Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dizziness</i>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Pain/Injury	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shortness of Breath</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<i>Pre/Postnatal</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Irreg./Accel. Heart Rate</i>	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergy	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Medication					

1. Are you over age 69 and not used to being active?  Yes  No

2. Is your physician prescribing medication for a blood pressure or heart condition?  Yes  No

3. Has a physician ever told you that you have a bone or joint problem that will worsen with exercise?  Yes  No

4. Do you know of any reason why you should not participate in physical activity?  Yes  No

Please explain any "yes" answers: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_